

CONTENTS

OF THE

NEW JERSEY MEDICAL REPORTER.

FIRST MONTH, (JANUARY,) 1848.

PROCEEDINGS OF THE NEW JERSEY MEDICAL SOCIETY.

A Report of three cases of Hydrophobia, submitted to the Medical Society of New Jersey, at the annual meeting of 1847. By William Pierson, M. D.	85
Abstract of the Proceedings of the Semi-Annual Meeting. Reported by G. H. Doane,	100
Abstract of the Proceedings of the District Medical Society for the county of Burlington. Reported by the Secretary,	102

ORIGINAL COMMUNICATIONS.

Epilepsy successfully treated with the Nitrate of Silver, and an Antispasmodic Powder, composed of Sage, Ginger and Mustard. By Charles D. Hendry, M. D.,	105
A Case of Spontaneous Evolution of the Fœtus. By N. W. Cole, M. D., of Burlington, N. J.,	109
The New Jersey Lunatic Asylum,	111

BIBLIOGRAPHICAL NOTICES.

Tracts on Generation. Translated from the German, by C. R. Gilman, M. D., and Theodore Telkamp, M. D., of New York, - - - - -	117
The Home Book of Health and Medicine: a Popular Treatise on the means of avoiding and curing diseases, and of preserving the health and vigor of the body to the latest period; including an account of the nature and properties of remedies; the treatment of the diseases of women and children, and the management of pregnancy and parturition, - - -	121
Household Surgery, or Hints on Emergencies. By John F. Smith, one of the Surgeons to St. Thomas's Hospital, - - -	123
Wood's Quarterly Retrospect of American and Foreign Practical Medicine and Surgery, - - - - -	123
Summary of the Transactions of the College of Physicians of Philadelphia, from June to November, 1847, inclusive, - -	124
Materia Medica and Therapeutics. By Martyn Paine, A.M., M.D., Professor of the Institutes of Medicine and Materia Medica in the University of New York; Member of the Royal Verein für Heilkunde in Preussen; of the Medical Society of Leipsic; of the Montreal Natural History Society, and other learned institutions, - - - - -	129

EDITORIAL.

Quackery, - - - - -	130
Births, Marriages and Deaths, - - - - -	131
Chloroform, - - - - -	132
Biography of Physicians, - - - - -	133
Obituary Notices, - - - - -	136

ECLECTIC DEPARTMENT.

Code of Medical Ethics, adopted by the National Medical Convention, - - - - -	137
Chloroform, translated from the French for the New Jersey Medical Reporter, - - - - -	150

CONTENTS.

iii.

Case of William Freeman, the Murderer of the Van Nest Family.	
By Blanchard Fosgate, M. D., of Auburn, N. Y.,	- - 155
Remarkable Case of Suicide, and Extraction of a Needle from the	
Substance of the Heart. By J. G. Graves,	- - - 161
New Method of procuring Insensibility under Operations,	- - 162
Professorship of Insanity,	- - - 163
On the Use of Ether and Perchloride of Formyle, or Chloroform,	
in Surgical Operations,	- - - 163

NOTICE TO SUBSCRIBERS.

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The following works have been received :

Home Book of Health and Medicine. From the Publishers.

Payne's Materia Medica. From the Publishers.

Tracts on Generation, No. 1. From the Publishers.

Medical Examiner, for December and January.

St. Louis Medical and Surgical Journal.

Southern Journal of Medicine and Pharmacy.

British American Journal of Medical and Physical Sciences.

Wood's Quarterly Retrospect of American and Foreign Practical Medicine and Surgery, Nos. 1 and 2.

The Missouri Medical and Surgical Journal, 2 numbers.

Quarterly Summary of the College of Physicians, from June to November, 1847.

Western Lancet.

Buffalo Medical Journal, Nos. 6 and 7.

Charleston Medical Journal.

American Journal of Pharmacy.

Introductory Lecture by Professor Gibson, University of Pennsylvania.

"	"	Professor Jackson,	"	"
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THE
NEW JERSEY MEDICAL REPORTER.

VOL. I. FIRST MONTH, (JANUARY,) 1848. No. 2.

PROCEEDINGS OF THE NEW JERSEY MEDICAL SOCIETY.

A REPORT OF THREE CASES OF HYDROPHOBIA, SUBMITTED
TO THE MEDICAL SOCIETY OF NEW JERSEY, AT THE
ANNUAL MEETING OF 1847.

BY WM. PIERSON, M. D.

Impelled by the consideration that it is the duty of the profession, to communicate to the public, the results of all cases of disease, which are of rare occurrence, and of a serious nature—a duty which I apprehend is too often neglected—I proceed to redeem a pledge given to the Society, to communicate the history of three cases of Hydrophobia, which came under my observation the preceding summer.

An apology is due for the haste with which the duty is discharged; other engagements having intervened and encroached much upon the time allotted to the preparation of this essay.

In presenting these cases, I entertain no idea of throwing any additional light upon the pathology, or diagnostic symptoms or treatment of the disease in question. They accord with the description of the group of symptoms generally given by medical writers; and in their result, afford additional confirmation of the opinion advanced by one of the most able and common-sense

authors which I have ever read, Dr. Thomas Watson, in his lectures upon the principles and practice of physic, viz: that there is not an authentic case on record, of a cure after the characteristic symptoms of the disease had been developed. I shall rather content myself with a notice of a few circumstances of a peculiar character, exhibited in the origin and progress of the disease as they came under my observation. I shall not attempt any argument, to settle any one of the many interesting and undecided questions to which this horrific malady has given rise; since the morbid appearances afforded by post mortem examinations are so very various, uncertain and unsatisfactory; much less shall I venture to propose a mode of treatment, when I believe, verily, there is not known a solitary remedy which is entitled to the smallest degree of confidence, after the symptoms of recrudescence, as it is called, have made their appearance.

It is a circumstance somewhat extraordinary, that a disease so violent, fatal, and subject to so frequent causes of its production, should, notwithstanding, be of such rare occurrence, that many practitioners never have an opportunity of witnessing it. Scarcely does a year elapse, that the alarm of a rabid animal in our midst is not given; and yet very many, through a long term of practice, have escaped the painful responsibility of treating a case.

During a practice of nearly thirty years, these cases afforded the first opportunity to me, although while a student I had seen one case in an adjoining village. Several medical gentlemen in the adjacent town and vicinity, were invited to see my patients, and not one of them had ever witnessed the disease.

This general fact seems to confirm the opinion entertained by Dr. Watson, that more than a majority of persons bitten by a rabid dog escape the disease. I quote from the Doctor. "It is curious that different species of animals appear to be susceptible of Hydrophobia in different degrees. Thus, according to Mr. Youatt, two dogs out of three bitten, become rabid. The majority of horses inoculated by the virus perish. Cattle have a

better chance ; perhaps because in them, the skin is looser, and less easily penetrated. With sheep the bite is still less dangerous. Not more than one in three will be affected. The human being is least of all in danger. John Hunter states, that of twenty-one persons bitten, one alone fell a victim. Dr. Hamilton estimates the proportion to be one in twenty-five. But observes the Doctor : " I fear these computations are much too low."

It is this frequent immunity from the disease, which has given a temporary reputation to so many vaunted remedies ; and inspired many honest practitioners with a strong confidence in the great value, if not absolute certainty of some in the catalogue. I cannot refrain from making another quotation from the same author. " Ignorant persons, and knavish persons, have not failed to take advantage of this. They announce that they are in possession of some secret remedy, which will prevent the virus from operating ; they persuade the friends of those who die, that the remedy was not rightly employed, or not resorted to sufficiently early ; and they persuade those who escape, that they escape by virtue of the preventive remedy. If the plunder they reap from the foolish and the frightened was all, this would be of less consequence ; but unfortunately, the hope of security without undergoing a painful operation, leads many to neglect the only sure mode of obtaining safety."

There is another interesting question which is worthy of a moment's consideration. Is hydrophobia in the human species, ever a spontaneous disease ? or is it always the result of the application of an animal poison ? I cannot pretend to throw any light upon the question. The better opinion appears to me to be, that it is not a spontaneous disease. Mr. Youatt, a distinguished veterinary surgeon of England, who probably has had more experience and more extended observation in this disease than any other person, both in brutes and the human species, is decidedly of opinion that it is invariably the result of an animal poison, communicated through an abrasion of the integuments, or by application to a mucous surface. My cases prove nothing definitely ; except how

unsuspectingly, and through how slight an abrasion the poison may be communicated. I will relate, however, an incident which goes to show how easily it may be misapprehended or confounded with another disease. About the time of the death of the first patient, an elderly gentleman from New York, of a good, honest, respectable appearance, called upon me with a request to be permitted to see the patients, having learned that there were others in the family who had been bitten. This old gentleman came, I have no doubt, on a mission of kindness, under the impression that he was in possession of a remedy that was certain to cure, even when the characteristic hydrophobic symptoms were present; as he had said publicly that hydrophobia was as easy and as certain to be cured as a common case of fever and ague. I immediately accompanied him to the house. He informed me that his daughter, a young lady grown, had been violently attacked with the disease, and had recovered. In the course of conversation, I asked what were the symptoms in the case of his daughter. "Oh! she had spasms, and would bite and bark—and had these symptoms off and on for a year."

I asked him who pronounced it a case of hydrophobia? He said there were twenty or thirty physicians who called to see her; some said it was hydrophobia, and others it was not. Upon pressing him to give me the names of these physicians, with some hesitancy I drew from him, among the number of those who affirmed, the name of Dr. Beach, the renowned Thomsonian; and among those who denied, the name of Dr. McNevin. Concluding that the old gentleman had not presented a very clear case, I said, my dear sir, your daughter, in my opinion, had any thing else than hydrophobia. Shortly afterwards I saw the same case, or a very similar one, appended by way of certificate, in an advertisement recommending as an infallible remedy for hydrophobia, a nostrum, called, I think, "Williams's Pain Extractor." He farther informed me as a proof of the efficacy of his remedy, that he had, subsequently to the recovery of his daughter, been sent for to two or three other cases; and

upon inquiring the results, he said they were all dead before he arrived and could apply his cure. Now for his remedy. Besides what may be considered as a flourish, I ascertained that the chief dependance was in the use of the *Scutellaria*, a medicine, which I apprehend has a greater number of advocates, and has enjoyed a more enviable reputation in this country, than any other article of the *materia medica*. He had also some inordinate idea about puncturing the pustules about the tongue, as recommended by the Russian physician, Dr. Marochetti. This is only a single illustration of the crude, erroneous, and superstitious notions, which are so prevalent among the people at large, in regard to the phenomena and treatment of hydrophobia; to say nothing of the utter destitution of principle, as well as of knowledge, betrayed by many who for the sake of plunder vend their nostrums, composed either of inert and harmless vegetables, or of the more virulent poisons.

Many opinions have been entertained, and theories advanced, in regard to rabies, by physicians of pre-eminent talent and character, to whom I certainly would pay due deference; which are greatly at variance with the generally received opinions of the profession respecting the nature and phenomena of this disease. Some doubt and deny the reality of hydrophobia as a distinct disease. Others consider it as allied to, and synonymous with tetanus, or some of the varied forms of catalepsy or other nervous affections, produced through the power of the imagination. The cases which came under my observation, carry conviction to my mind, that there is an absolute reality in the disease, with the production of which the imagination has nothing to do; for little children, who have heard and known nothing about hydrophobia, cannot be supposed to be under the influence of a morbid imagination; and that if it be a modified form of tetanus, then I have never entertained any correct notions of the phenomena of the latter disease.

Before proceeding to notice the prominent and characteristic symptoms which were developed in these cases, I remark, that three children of one family were bitten on the same day, August

5th, 1846, by a young puppy. One was about eleven years of age, the second seven, and the third a child at the breast. The puppy was just beginning to be playful, and to follow after the children. Not the most distant suspicion was entertained of a rabies. It followed the oldest child into the street, and as a carriage was passing, it flew at the wheel and was run over, and had one of the legs fractured. The child who claimed the ownership, took up his little pet into his arms, carried it into the house, and set himself to work to dress the fractured limb. In doing this the dog bit one of his fingers very slightly. In the course of the day, the other children, while caressing and commiserating it, were also bitten; the youngest most severely, about the wrist, so as to leave the marks of the teeth for several days. The blood flowed sparingly from the wounds, and the mother bound up the wrist with a piece of salted pork. Nothing was done for the other children; and the mother always insisted that on one of them (I have forgotten which) there was not to be discovered a scratch or abrasion of the skin, or even the indentation of the teeth. I notice this circumstance, to show in how slight a manner the poison may be communicated, and as a proof that it is communicable even by absorption through the skin. The observation of every physician will readily suggest many instances in which the vaccine virus has been communicated in an almost imperceptible manner.

On the morning of the 9th of September following, about five weeks after the bite, I was called to visit the oldest child—was informed that he had an unusual difficulty in swallowing drinks—that in the morning the mother went to his bed, not suspecting any illness. The child complained of feeling not altogether well—had not slept much, and had been disturbed with frightful dreams. He was thirsty, and asked for a cup of warm tea, which the mother promised to send up as soon as breakfast was prepared. This she did; but the child finding difficulty in swallowing it, dressed himself and came down stairs. When I saw the patient, I was struck with the unusual and peculiar expression of the eye, and supposed it might be a case of sore

throat, not suspecting the real nature of the disease. There was no derangement of the respiratory organs manifested. I was induced to ask for a cup of water that I might test the difficulty. On the first attempt of the child to swallow, the thought flashed upon my mind that it might be a case of hydrophobia. I desired the little patient to renew his attempts to swallow, which he very promptly did. I tried him with warm tea, and with milk. The results were the same. He swallowed warm drink with the most ease. At this moment the father came in and remarked, how wild he looks. I made known my apprehensions to the parents, and they immediately called to mind the circumstances before related, respecting the puppy, and the death of a favourite terrier dog, about the same time, after a few days' sickness, with what was supposed to be the common dog distemper. This being the first instance, which, during a practice of nearly thirty years, as before observed, had come under my care, I was illy prepared to prescribe. Resolved to do nothing rashly, and having no settled mode of treatment in my mind, I determined to administer a simple cathartic, go home, consult my books, and seek advice from those who had some experience in the disease. I mixed a dose of jalap with water, and gave it immediately, that I might have another opportunity of testing the power of deglutition. In the afternoon I rode to Newark, where I had an opportunity of meeting several of the brethren, of whom I asked advice. No one of them had ever treated a case, but all agreed to visit the patient on the following day. In the interval, nothing especial was prescribed. The patient obtained no sleep—complained of thirst, but could swallow fluids with no more ease—grew restless at intervals—the wild expression of the eye increased, without any manifestation of flightiness or derangement of mind—at times he was very garrulous, and invariably would say to me, at each successive visit, that he felt better. I expected constantly to witness spasms or some convulsive action in the muscular system, but nothing of the kind was ever perceptible up to the last moment. It is not my intention to follow up the history of the

case with a minute description of all the symptoms. They were such, generally, as may be found in the books. I rather prefer to confine myself to what I consider the distinctive diagnostic symptoms of the disease, viz., the peculiar and spasmodic action of the throat in the attempt to swallow a fluid. It is, in my apprehension, impossible to convey, by descriptive language, a correct idea of this difficulty. It does not consist so much in a physical difficulty of passing the fluid down the œsophagus from any tenderness or soreness of the parts, for solid food can be swallowed without the same effect; but in a shuddering, a horror, a repulsive turning from, and generally a convulsive spasmodic action at the root of the tongue, on the approach of water to the mouth. The same effect is produced by the sight, the mention, and the sound of water—likewise by any sudden current of air thrown upon the body, and especially upon the face of the patient, such as is produced by suddenly walking up to the bed-side, by blowing upon the face, or even by moving the bed-clothes—also by the patient washing the hands in water, and even by the splashing of water made by the washing of another in his hearing.

Agreeably to promise, the medical gentlemen who had been invited, visited the patient on the second day about 12 o'clock. A careful examination was made, and they will testify to the readiness with which the little patient consented that experiments should be made upon him. Up to this period no very marked changes had taken place. The throat and fauces were examined, and a slight redness covered with a glairy mucus was observed. The pulse had increased in frequency from the commencement of the attack, and at this time was rather diminished in volume. All the medical gentlemen concurred in opinion as to the identity of the disease; and upon a proposition for a prescription, one gentleman advised to give opium in scruple doses until sleep was induced. Now opium in twenty grains doses to a child eleven years old, seemed to all of us rather disproportioned, and I do not doubt that it was advised more with reference to euthanasia, and as a preferable mode to

the older practice of smothering. It was agreed to treat the case with opium in three grain doses, to be repeated every two hours until some disposition to sleep was manifest. The medicine was immediately prepared and given. In the course of the afternoon the child became more talkative. He insisted upon being dressed, and that one of his playmates should be sent for. This was done, and for more than hour he was engaged in pleasant converse. He asked his mother to prepare the table, and said that he and his companion would take tea together. He had, in the course of the day, frequently spoken of dying, and of his own death; but no allusion had ever been made, in his hearing, to hydrophobia or to mad-dogs. At five o'clock I again visited him, and gave another pill, desiring him to go to sleep. He made every effort, but there was no sleep. The restlessness increased. At ten in the evening I was again sent for. The symptoms had rapidly increased, especially the restlessness and garrulity. Before reaching the house I heard the plaintive sounds of his voice, and, on entering the room, found the bedclothes stripped from the bed, and the patient plunging from one side to the other, the bed being so guarded by the attendants as to prevent him from suddenly throwing himself off. "Oh, Doctor," he exclaimed, "this one and that one (naming the several attendants) will not do any thing for me. Give me drink; but I cannot swallow; you must pour it down. They say I am mad, but I will not bite any of them." I said to him, "you shall have some drink," and immediately gave him a rag wet with water, desiring him to apply it to his lips, which he did. I offered him a piece of bread and butter. He took it with avidity, and swallowed without difficulty. I then handed him a glass of water. He made a convulsive move to take it from my hands, drew it towards his mouth, made an effort to drink, and handed back the glass without swallowing a drop, exclaiming, "I cannot drink;" and then, in agony, cried out, "Oh, tell my father I must see him before I die—I will not bite him." At this moment I left the room, and after a few minutes, one of the attendants came running out, saying that he was gone. I

hastened back, and learned that he had made a sudden leap from the bed, and fell dead; a copious discharge of yellow mucus, occasionally tinged with red, foaming from his mouth. In all this time I could never discover any rigidity of any of the muscles, or any thing like a convulsion—and have mentioned the above incidents in order to convey a better idea of the suffering and phenomena of this most awful disease. While memory is with me an operative faculty I can never forget the terribleness of that scene.

On the evening of September 9, about five weeks after the death of the first child, I was called to visit the second. He had manifested symptoms of indisposition through the day, such as loss of appetite, lassitude, and a disposition to sleep. There was nothing in the appearance of the child to awaken suspicion of hydrophobia; but upon persuading the child to drink some water, which he attempted with great reluctance, the same peculiarity in deglutition which has already been described, was immediately recognized. From this time on to the fatal moment, the symptoms were progressively developed. He died on the following evening, a little more than thirty-six hours, being the shortest period of the three cases. In the history of this case I observe that there was much less violence—less restlessness, talkativeness, and spasmodic action of the throat—more timidity, and an obstinate, persevering refusal to make any attempt to swallow fluids of any kind. The only additional circumstance to which I invite attention, is the treatment which was pursued. Since the death of the first, this child had been put upon the daily and free use of a decoction of scutellaria. Among the hundred cures and cases of recovery with which our ears were constantly assailed, we were informed, from several sources, that a medical gentleman of Somerset county, in this State, was in possession of a valuable remedy, and had treated the disease successfully. I said to the father, "I am in possession of no method of treatment, in which I have the least confidence. I beg you to send immediately to Somerset, and place your child under the care of that physician." He did so; and the messen-

ger returned about ten o'clock the following morning without the doctor, who was indisposed, but brought with him a box containing fifteen pills, with directions, for which a charge of \$25 was made. The medicine was accordingly administered, with a determination on my part to follow directions implicitly, and accord the whole credit of cure to the gentleman of Somerset. Some difficulty was experienced in the first instance in getting the child to swallow a pill, but upon directing him to fill his mouth with food, some light cake, with the pill, we had very little trouble afterwards. The whole number but one, I think, were taken. This is another instance of the comparative ease with which solids may be swallowed in this disease, while there is almost an insuperable difficulty in the use of fluids. The patient died in the evening, without any struggle or convulsion, almost unobserved, and apparently in the full exercise of reason and consciousness.

Without designing any unkindness, or imputatives in any direction, but with a desire to administer a caution to myself and brethren in the profession, I observe that claims to the discovery of a secret remedy for any of the diseases incident to our race, and especially when a high remuneration is demanded, ought to rest alone upon the basis of oft repeated and successful results; and particularly in so heart-rending and dreadful a disease as hydrophobia, hopes ought not to be excited, which can never be realized.

Two days after this death, I was summoned to the third case, a coloured man, who had contracted the disease at the same time and place, but not from the same dog. A favorite terrier had, for some days previously, exhibited signs of indisposition. The owner supposing her to be in a heat, had kept her confined, daily letting her loose, when the puppy, which bit the children, was in playfulness with her. On the morning the children were bitten, this dog manifested greater sickness, and while the owner held open the mouth, the colored man with his hand forced down some medicine. The dog died, I think, in the course of the same day. The dog did not bite, but the disease, doubtless,

was communicated by the virus of the saliva through some scratch or abrasion on the man's hand, of which, however, he was not at all conscious, showing how easily and unsuspectingly we may become victims. The day previous to the attack, this man worked for me in the harvest field, and on the following morning, when he called for his wages, I observed nothing peculiar about him. He made no complaint. After receiving his money, he went to the tavern, and, as I was informed, drank three or four glasses of ardent spirits; returning home about 11 o'clock, in a state of intoxication, as was supposed by some. I did not see him until in the evening of that day, the 15th September, at which time, I discovered no appearance of intoxication. Although the symptoms of rabies were, it must be confessed, quite equivocal, from a knowledge of the circumstances, I entertained very little doubt, as to the reality of the disease, and so expressed myself. It was with the greatest reluctance he could be persuaded to make the attempt to drink; more I apprehend from an unwillingness to make himself a spectacle, (there being several persons present,) than from a positive difficulty of deglutition. In this case it was determined to give opium a thorough trial. Accordingly he took in pills of three grains each, from the evening of the 15th, to 10 o'clock the following morning, to the amount of sixty-four grains. At this time it was discontinued, there being some symptoms of drowsiness produced. Two or three additional pills were given subsequently. He died on the morning of the 17th inst., attended with a copious spewing of yellow mucous; a little longer duration of sickness than in either of the former cases. After the administration of the opium, there were present, to a greater or less extent, symptoms of narcosis, if they were not the legitimate effects of the disease, of which I have some doubt. Throughout his sickness he refused to drink any fluid, and whenever he did attempt, succeeded tolerably well by his own efforts in resisting the spasmodic action of the muscles of the throat; but manifested the same kind of horror and repulsive shuddering, at the sight of water, and the sudden draft of cool air, as were exhibited by the children.

He swallowed with ease, solid food, of which he partook freely. He indeed frequently called for meat. The peculiarity which I notice in this instance, were the symptoms of what is called recrudescence, viz: a strange and indescribable sensation in the arm, near the elbow, which had been exposed, extending towards the body during the first hours of the sickness, of which he made mention several times; and of the existence of which in the children, I never could satisfy myself.

In all three of these cases, I could never discover any thing that showed the least resemblance to a fit or general convulsion. Mr. Youatt remarks, that in dogs, fits or epilepsy, are a sure indication that the disease is not rabies.

It is proper to observe, that besides the owner of the dogs, there were two other persons exposed in the family, who have as yet exhibited no signs of the disease—the infant child before mentioned, and a labouring man, who says he was bitten by the terrier, through his boot.

There are several interesting topics—curious, philosophical, and practical questions, which it was my intention to have examined, and which I should have done, but for the many provoking interruptions which have occurred during the time which I had allotted to myself for the preparation of this report. Such, for instance, as the following:—From what animals, and how the infection may be communicated, admitting that the disease in man is always the result of an animal poison? Whether the saliva of a human being, labouring under the disease, is capable of imparting the same complaint to another human being? Is the virus inserted into the bitten part, immediately taken into the system, and thence diffused until the disease explodes; or does it remain in the wound or cicatrix for a time? This is an important practical question, to which I will refer again. Does the virus cease with the life of the animal, or may the saliva, after death, communicate the disease? How long does the hazard last, or when may the peril be said to be fairly over? This period is variously stated, from a month to several years, even twelve years. The instances reported of so great duration ought

to be received with great caution and distrust; for as Doctor Watson justly remarked, it is quite possible that the persons may have received a recent re-inoculation in some manner, of which they were wholly unconscious. It is stated, that of Lord Fitzwilliam's kennel, six dogs were bitten at the same time; and they became successively rabid at the following different intervals, viz: 23, 56, 67, 88, 155, and 183 days.

Whether rabies in dogs and other brutes subject to it, is always the result of inoculation, or whether it does not occur, in some instances, spontaneously; and if so, what agencies are most favourable, such as extremes of temperature, kinds of diet, starvation, &c.

Passing by these and other topics, I content myself with simply asking the question—Is there a cure for hydrophobia? With full assurance, I answer, none, when genuine hydrophobic symptoms are present. "The only physician that cures is Death." Is there no remedial agent, which can be administered, that will prevent the occurrence of the disease? With the same confidence I answer in the negative. The entire materia medica has been ransacked, from the inert vegetable to the most virulent poison—the lancet—injections into the veins—cold affusion—bronchotomy—electricity—galvanism—puncturing the pustules of Marochetti, which by the by, have scarcely ever been found by English practitioners, have all been tried in vain. Nor is this without a parallel. What agent in the wide range of pharmacy, administered internally, will eliminate from the system, or prevent the silent but certain action in due time of the virus of small-pox, whether artificially inserted, or contagiously contracted? I know of none. Is then man, bitten by a rabid animal, a doomed victim? By no means. And here again I resort to analogy or parallelism. Insert the virus of small-pox, by scarification, into the arms of fifty patients. Let each be immediately followed up, and the scarification thoroughly washed and cleansed with soap-suds, and I venture to assert that most will escape the disease. Instead of this, apply lunar caustic to each inoculation, and, I think, we shall be certain of a greater

immunity. Excise with the knife, or snip out with the scissors, fully, each scarification, and I venture, that not a single inoculation will take. Such, I apprehend, will be the results in an equal number of patients inoculated with the poison of hydrophobia ; and the potency of the remedy will be in the order above stated. Thorough excision with the knife, and that immediately, would remove all anxiety from my mind, were I the unfortunate victim.

Mr. Youatt, who seems to have had a most extensive experience in the treatment of this disease, says he has been bitten seven times, and has applied the lunar caustic to more than four hundred persons, bitten by dogs, of whose disease there could be no question, and that he has not lost a case. A friend once informed me, that his practice was, to burn gunpowder in the wound.

If the opinion entertained by some be correct, that the virus remains dormant until symptoms of recrudescence appear,—and in support of which, the varied duration of the period of incubation, and the fact that inflammation along the course of the lymphatic vessels, and glands from the bitten part to the body is not uniformly exhibited, afford no small amount of evidence,—then it becomes an important practical question, whether excision of the bitten part, during any period of the incubation, does not afford good ground to hope for safety and protection from this awful and death-dealing malady.

Such a practice has the authority of Doctor Watson and other eminent physicians ; and I think will not be overlooked by any one who justly estimates the honour of the profession, the success of his own reputation, and the high claims of suffering humanity.

ABSTRACT OF THE PROCEEDINGS OF THE SEMI-ANNUAL MEETING.

Reported by G. H. DOANE.

A semi-annual meeting of the New Jersey Medical Society was held at the City Hotel, Burlington, on Tuesday the 9th of November, 1847.

Samuel H. Pennington, 1st Vice President, in the Chair.

The following delegates appeared.

S. H. Pennington, 1st Vice President; W. Peirson, Recording Secretary; J. S. English, Treasurer.

J. B. Munn, of Morris.

Charles D. Hendry, Richard M. Cooper, of Camden.

Isaac S. Haines, Joseph Parrish, Samuel Woolston and Zach. Read, of Burlington.

John R. Sickler, Thomas J. Saunders, of Gloucester.

C. Hannah, Dr. Reeve, of Salem.

Fellows present,—C. Hannah, J. B. Munn, F. S. Schenck, J. W. Craig, B. H. Stratton, Zach. Read.

Physicians present who were not delegates,—N. W. Cole, J. B. Warriner, Alex. Elwell, of Burlington; Dr. Woodruff, of Camden, Dr. Potter, of Cumberland.

All medical gentlemen, other than delegates, were invited to take seats. S. W. Pennington addressed the Society on the Pathology of Rheumatism, detailing the history of an interesting case which terminated fatally, with the autopsic appearances.

The questions which were referred by the Standing Committee, in their last report to this meeting, were then taken up and considered. These questions are, whether members of the Society shall "maintain professional intercourse" with those "licensed practitioners" who have abandoned the system which they were licensed to practice; and how far "its members may humor the prejudices of patients and their friends, in favour of false systems of practice," &c. Considerable discussion

arose pending this question, and it was finally dismissed by submitting it to a committee consisting of Jos. Parrish, J. B. Munn, and F. S. Schenck, with instructions to report thereon at the next meeting.

Jos. Fithian, on behalf of the District Society of Gloucester County, submitted to this meeting, the following preamble and resolutions, as part of the business of the District Medical Society of Gloucester County, to wit :

"Whereas the Medical Society of New Jersey, did agree upon and establish on the 11th of May, 1831, a table of fees and rates of charging of sundry articles and services in medicine and surgery, for the government of its members; and also for the protection of the public from excessive charges, by any member of the profession; and while we have no complaint to make of a majority of our patrons, who do not refuse to pay for charges made within the regulations above referred to, yet there are unprincipled persons who refuse to make compensation for services rendered, although abundantly able, if they possessed the disposition to do so. *And whereas*, the maintenance of the honour and respectability of the profession at large, and justice to ourselves, individually, require that measures be taken to protect ourselves and the profession from such persons, therefore

Resolved, 1. That whenever any such person refuses to pay, or resists the collection of his account, his name may be handed to the Secretary, who is hereby required to enter it in a book to be kept for that purpose, to be called the BLACK BOOK, a list of which names shall be furnished to each member of the Society at their stated meetings, or oftener if required.

2. That we pledge ourselves to each other, that we will refuse to attend the call of any such person, unless he shall pay in advance, at the time of the call, and also promise to pay the bill of the physician reporting his delinquency.

These resolutions elicited considerable remark, and were approved by the members.

Resolved, That it is inconsistent with the duty of members of Medical Societies, to administer any medicine exclusively em-

ployed by practitioners who adopt erroneous systems of practice, or systems not recognized by the Medical Society of New Jersey, in their examinations of candidates.

The recommendations of the National Medical Convention, to take measures to secure the registration of births, marriages and deaths, being now taken up, it was moved to appoint a Committee to correspond with the Committee of the Convention, on that subject, and to be in attendance at Trenton during the session of the ensuing Legislature, with a view of forwarding the measure.

The committee consist of Samuel Woolston, J. B. Munn, and F. S. Schenck.

Dr. Fithian offered the following resolution, which was unanimously adopted. [Dr. F. stating that the proposition which it contains, is being carried out by the physicians of his vicinity.

Resolved, That it be recommended to the medical profession to use their personal endeavours to have the different churches instruct their sexton's and other authorities, to report the number of funerals in their several burying grounds, with the age and disease of which the deceased respectively died, as far as can be ascertained.

Adjourned.

ABSTRACT OF THE PROCEEDINGS OF THE DISTRICT MEDICAL
SOCIETY FOR THE COUNTY OF BURLINGTON.

Reported by the Secretary.

Semi-Annual meeting at Medford, Nov. 20th, 1847.

Dr. Samuel Woolston in the chair. Minutes of last meeting read and approved. Dr. I. S. Haines and Joseph Parrish, reported that they had attended the annual meeting of the State

Society, and that a dividend of \$10, was awarded for each district society represented. The amount was paid over to the Treasurer.

Drs. S. Woolston and Zach. Read, were appointed to represent this Society at the next meeting of the National Medical Association, to be held in Baltimore. Dr. A. E. Budd was appointed to read the annual address.

The semi-annual report, was read by Dr. Joseph Parrish, in which was detailed the history of several cases of pseudo-membranous, or laryngeal croup, which had recently occurred to him; the alkaline and mercurial treatment were severally tried by their usual adjuvants, with a result favourable to the mercurial plan. The cases seen during the earlier stage, offered a fair opportunity for the full effect of the alkaline remedies. They were given immediately, and persevered in thoroughly, not however without the aid of mercurial purgation, and occasional emetics, with leeches to the throat, and cataplasms to the chest and feet. Three of them terminated fatally. Other cases were mentioned where the treatment consisted in the first place of free catharsis by means of calomel, and subsequently by its administration in divided doses, according to the age of the patient, with powders of ipecac. and tartar emetic, several times a day, to promote emesis, a solution of nitrate of silver, being applied to the throat frequently by means of a camel's hair pencil, or a probang. This mode of treatment proved successful in several instances. Bleeding from the arm was not resorted to, because there was no evidence whatever of arterial excitement in the commencement of the disease; the pulse being regular, the skin of a natural temperature, the only indication of disease consisting in a slight whispering voice, sometimes with but little cough, and that of a peculiar, husky sound, altogether unlike the sonorous cough of inflammatory or spasmodic croup. The insidious manner of approach, the earliest symptoms of the disease not being such as to excite the alarm of parents, the child being playful, even in some cases till within a few hours of death, all render the disease as distinctly different

from the ordinary form of croup. The reporter had seen several cases within a few months, all in the same vicinity, and two of them in the same family. He presented for the inspection of the members, a specimen showing the entire membrane occupying the whole internal surface of the larynx and trachea, taken from one of the children, whose case was reported in detail. He recollected having seen the membrane discharged entire, in a case which recently occurred to his late preceptor, Dr. Cole, by whose kindness he was invited to visit the patient. This membrane resembled a piece of boiled macaroni; was about the size of a goose-quill, and perfectly tubular. The patient had been worn out by the force of the disease, for several days before Dr. Cole saw it, having been under the homœopathic treatment. Shortly before death the membrane was evacuated. It was assumed that the disease originated in a peculiar condition of the blood, the tendency of which is to form adventitious membrane, and that the indication in the treatment is first to alter that condition of the vital fluid, by the free administration of calomel; not in doses to keep up frequent catharsis, but in such quantities as may readily enter the circulation, and to cleanse the pharynx of its secretions, by the use of emetics and gargles of a solution of nitrate of silver, employing local or general depletion, if indicated by the symptoms, &c.

Dr. Geo. Haines, of Medford, and Dr. Alexander Elwell, of Vincentown, were admitted as licentiates, by the censors.

Adjourned to meet at Mount Holly, at the usual time in May.

ORIGINAL COMMUNICATIONS.

EPILEPSY SUCCESSFULLY TREATED WITH THE NITRATE OF SILVER, AND AN ANTISPASMODIC POWDER, COMPOSED OF SAGE, GINGER AND MUSTARD.

By CHARLES D. HENDRY, M. D.

Of all the diseases to which the human frame is subject, no one is more alarming in its symptoms, or more fatal in its effects, than epilepsy. It is a disease of the nervous system, located in the brain, and exclusively chronic in its character, attacking persons of all ages, from childhood to old age, without regard to constitution. Often times its victims are among the most robust, but more frequently the emaciated. So far as my experience will warrant an opinion, those with impaired constitutions, are more liable to suffer from this malady. Viewing epilepsy as a chronic disease from its commencement, and having been baffled in the treatment which had been confined to the paroxysms, for which antiphlogistic remedies had invariably been resorted to, I resolved upon an opposite course, and have employed tonics and stimulants. For several years I attended Judge R., of Burlington county, for epilepsy, aged fifty years; of a plethoric habit, and sanguine temperament. The treatment in his case had been confined to the paroxysms, for which copious depletion with the lancet had invariably been resorted to without benefit, the attacks returning more frequently and severely. Having lost all confidence in the course adopted, I resolved upon the opposite,—a stimulating treatment. The premonitory symptoms, such as stupor and difficult deglutition, were always prominent some hours before the disease would be fully developed. In this stage I advised the free use of brandy in warm water, to be given as frequently as circumstances re-

quired. The disposition to epilepsy soon disappeared, and he lived several years, and enjoyed uninterrupted health. The principal cause of epilepsy, I consider not to depend upon congestion,—from a predisposition of blood to the brain, but to debility, giving rise to paralysis, and as corroborative evidence of this theory, I will cite several prominent cases, of some twenty, treated successfully, without an exception, by a tonic treatment. All of them had been subjected to an antiphlogistic course, without relief. A great deal depends upon the perseverance of the physician, as there is always a strong tendency in the disease to return. By pursuing this course, I am confident a large majority of the epileptics of the country will be banished from the incurable lists of physicians, and relieve them of the unpleasant task of so often pronouncing them beyond the reach of professional aid. The great mistake in the treatment of epilepsy, has in a measure been owing to its having been confined to the paroxysms, when in reality the intermission is the time for action, bracing the system with the most active tonics and antispasmodics, and in this way producing a radical change in the nervous system. As I have no disposition to occupy the columns of the journal unnecessarily, I will be content by citing five prominent cases, which I trust will suffice to give countenance to the treatment proposed.

CASE 1.—Mr. J. J. of Gloucester county, by occupation a farmer, aged fifty years, of full habit, general health impaired. He had been subject to epilepsy for three years, the attacks recurring every six weeks, and varying from one to three convulsions. His family physician at sundry times resorted to copious depletion, both general and local, cathartics, emetics, revellants, &c., but all to no purpose, and finally abandoned his case as incurable. In the month of March, 1845, I commenced the treatment of his case with one-fourth grain doses of the nitrate of silver, in form of pill, three times a day, in a teaspoonful of the antispasmodic powder, mixed in an equal quantity of molasses. This course was continued three months, at which

time his disease had assumed a more favourable aspect. Half grain doses of the pill was now advised, and a gradual increase of the dose of the powder; at the expiration of six months the disease left him, and now two years have elapsed and no return of the disease. It was not thought advisable to make any change in his diet, except to abstain from the free use of coffee.

CASE 2.—Mr. A. D. of Camden county, aged 35 years, with constitution much impaired, and emaciated, complexion sallow, and imbecile in mind; he had been afflicted with epilepsy from childhood, and was subjected to medical treatment in early life whilst he resided in Burlington county, but without benefit. For a number of years his case had been considered hopeless, the paroxysms would return every six weeks and continue irregularly for several days. During this period he would have from ten to fifty convulsions, the attack resulting in a state of decided mania. In December, 1844, his friends made application to me respecting his case. The treatment advised was so similar to the preceding case that I will not recapitulate it, but will merely add that in less than three months I had every assurance that the treatment recommended would ultimately effect a cure, and in less than nine months I had the satisfaction to see him relieved of this formidable disease, his constitution reacted, his general health was restored, and I am happy to state there is no appearance of imbecility of mind. Several years have now transpired and his health continues good.

CASE 3.—The subject of this case was a daughter of Mr. C., of Camden county, aged 3 years. She had been afflicted with epilepsy for six months, constitution impaired; during this period she had more than one hundred distinct epileptic convulsions; primary cause supposed to be gastric irritation. I had charge of this case from the commencement, and resorted to topical blood-letting, with leeches, cathartics, emetics, revellants, and a variety of antispasmodics, but all without the desired effect. After six months' treatment the parents became discouraged, and

removed the child to an adjacent county for the purpose of obtaining the advice of several practitioners, who agreed that the patient was idiotic, and any medical treatment would prove of no advantage. On their return I was again called upon to prescribe in her case, and recommended the pill and powder in the accustomed dose without regard to age, and in less than three months the disease left her, and she is now one of the most intelligent and interesting children in the village in which she resides. Eighteen months have elapsed and no return of the disease.

CASE 4.—Mrs. W. of Camden county, aged 40 years, of plethoric habit and in the enjoyment of good health, and now in the fourth month of utero gestation. When called to her she informed me she was the mother of four children, and during each term, and about the fifth month, she would be assailed with convulsions, which returned regularly every two weeks during the remainder of the term. She had been subjected to medical treatment in Philadelphia, which was confined to copious depletion with the lancet, counter-irritants, and enemas, but all to no purpose, the convulsions continuing at intervals during each term of pregnancy. About the fifth month I was summoned to visit her, and found her struggling with a frightful convulsion. I was entreated by her friends to resort to venesection, but as it had on all previous occasions proved of no avail, I objected, and recommended counter-irritants and enemas. After the paroxysm I advised the pill and powder in the ordinary dose. She had not a return of the disease, but passed through the term without inconvenience. This is the first case, under such circumstances, in which I have had an opportunity of testing the utility of this form of treatment.

CASE 5.—In October, 1846, I was requested to visit the daughter of Mr. J. S. T., of Burlington county, aged five years; emaciated and afflicted with chorea and epilepsy; the former disease evidently the existing cause of the latter. The history

of her case I will briefly state. When about two years old she was assailed with epilepsy, which returned every night for some two years, with but one or two intermissions of four weeks, and on one occasion; a short time previous to my seeing her, she remained in a state of stupor for nine days, the result of an attack of epilepsy. Her parents informed me she had been under treatment for a long time, but was finally abandoned as incurable. When I first visited her she was restless beyond description, requiring some one to watch her constantly, and I supposed her intellect to be completely destroyed, and prescribed for her with great reluctance; however, in the course of four weeks I completely removed the chorea with equal parts of the bi tart potass and flor sulph, in tea-spoonful doses, mixed in molasses, three times a day. I then ordered the pill and powder in the accustomed doses, and in six months was assured by her parents that she was perfectly well. The last attack was in April, 1847.

A CASE OF SPONTANEOUS EVOLUTION OF THE FŒTUS.

By N. W. COLE, M. D., of Burlington, N. J.

On the evening of 10th of Oct., I received a message from my friend Dr. Haines, to visit with him a female in labour of her eleventh child, to whom he had been called in the afternoon, and to bring with me my instruments. The Doctor informed me that upon his arrival he found one child born, and that another was presenting, with the shoulder and its right arm protruding. He stated also that he had made several unsuccessful attempts to turn. Upon examination I found everything as above stated. The labour pains had entirely ceased, from the time of the birth of the first child. Its waters evacuated, and

the uterus was closely and rigidly contracted around its body, so much so that after repeated efforts, I was obliged to abandon all idea of turning without using more force than would be justifiable.

While preparing the necessary instruments for taking the child away, (it was dead beyond all doubt—there being no pulsation from the time of my arrival) the mother's pains returned; and Dr. Haines, who was sitting with her, observed the child to be lower down. I immediately made an examination, and found that some change was taking place. Its body seemed to descend, and I distinctly felt its shoulder ascend. In less than five minutes from the return of the pains, it had made a complete somerset. The feet and breech came down, and the head followed without any difficulty. It was healthy, and of the average size.

NOTE. We regret that Dr. Cole has not had time to give us a statement of his views upon the rationale of the process which he has described. The case is certainly an interesting one, and we take the liberty of mentioning one or two additional facts which we have obtained from conversation with Drs. Cole and Haines. Upon examination, the head of the child was distinctly felt lying on the left side of the pelvic cavity. The jaw and the ear were readily distinguished, and the hand was so far protruded that there could be no mistake as to the character of the presentation. The breech could not have presented at the os-uteri, and the hand in the vagina, by reason of this extremity lying upon the side of the body, as was the fact in a case reported by Dr. Gooch, or the head and face could not have been so distinctly felt, or the hand found protruding outside the vagina.

The case first reported by Dr. Denman, we believe in 1772, was, as we apprehend, similar to that reported by Dr. Cole, and the term "spontaneous evolution" was adopted by that distinguished author. Dr. Douglass, however, in 1811, proposed the term "spontaneous expulsion," as more expressive. Supposing that Dr. Denman's explanation was incorrect, and that the thorax became partially doubled upon itself, and the fœtus expelled while the head remained in its original position, as it were a fixed point; the side of the thorax and abdomen passing rapidly over the perinæum, leaving the head and other arm to complete the last stage of labour. But Dr. Cole informs us, that as the pains increased, "the body seemed to descend, and I distinctly felt its shoulder ascend." This ascent of the shoulder continued until the arm

was carried completely up into the uterus, and the breech and feet spontaneously took its place. Here then was a clear and distinct evolution;—to use the graphic term of Dr. C., a “complete somerset;” and after an obstetric practice of half a century, this case has presented to him the first exemplification of Dr. Denman’s theory. We gladly give the article a place in our journal, and hope to hear from its author again.—Ed.

THE NEW JERSEY LUNATIC ASYLUM.

We believe the attention of the people of this State, was first directed to the claims of our insane population, upon our sympathy and regard, and to the subject of the erection of an asylum for their accommodation, by an address read before the Medical Society of New Jersey in 1837, by Dr. Lyndon A. Smith, of Newark, on the occasion of his taking the chair as President of the Society.

The interest of the medical community being enlisted by this appeal, it soon spread throughout their several neighbourhoods, and reached the legislature in 1839, at which time a joint resolution was passed by the council and general assembly, authorizing the governor to appoint commissioners, “to ascertain as accurately as practicable, the number, age, sex and condition of lunatics in this state;” and if on such investigation being made, a lunatic asylum should be thought the “best remedy” for their relief, “then to ascertain the necessary cost of the establishment of such an institution, the locality for the same, &c.,” and an appropriation of five hundred dollars was made to defray the expenses of such investigation. Under this authority, Governor Pennington appointed as commissioners, Doctors Lyndon A. Smith, of Newark, Lewis Condict, of Morristown, A. F. Taylor, of New Brunswick, C. G. McChesney, of Trenton,

and L. Q. C. Elmer, Esq., of Cumberland county. The governor seems to have been impressed with the propriety of giving a strong medical character to this commission, as is shown by his selecting four out of the five appointed, from the medical profession.

Soon after their appointment, the commissioners met at the office of Dr. Smith, in Newark, appointed the venerable Dr. Condict their chairman, and proceeded to apportion among themselves different spheres of labour. In addition to visiting the several counties of the state, and making diligent personal inquiries upon the subject committed to them, the aid of intelligent and interested citizens in different parts was secured; and Drs. Condict and Smith, on behalf of their colleagues, visited the McLean Asylum at Charlestown, Mass., the State Lunatic Hospital at Worcester, and the General Hospital, and State Penitentiary at Boston, in order to obtain information as to the order and government of these institutions, and of the influence of the treatment employed upon the insane. The result of these inquiries was embodied in a report of forty-seven octavo pages, by which it appears that the number of lunatics ascertained to be in New Jersey, was, males, 252, females, 163, leaving out of the computation those who were not actually known to be insane, thus making the ratio of insane persons among us to exceed that of New England, where it is estimated at one in every thousand. Several instances of cruelty which occurred under the observation of the commissioners, were also stated in the report, with valuable extracts from some of Dr. Woodward's reports to the managers of the State Lunatic Hospital of Mass., all of which was presented to the legislature at the session of 1840-41, and ordered to be printed.

The Governor's message of the following year, recommended the subject to the attention of the legislature, and a joint committee was appointed to consider and report upon so much of the message as related thereto. During the session, the committee reported favourable to an appropriation for the erection of an insane asylum, and in order to enlist more fully the active

sympathy of the legislature, several cases of extreme hardship and cruelty were reported. Among these was that of a highly respectable citizen of the state, who had been himself, for many years, a member of the legislature; was afterwards clerk of the county where he resided, and had since occupied the station of a judge. This man, who had thus partaken of the confidence and esteem of his fellow-citizens, and had been entrusted with offices of honour and responsibility, was borne down under the weight of pecuniary embarrassments, and found himself surrounded in the evening of life, with difficulties from which he could not extricate himself. In addition to this he was overwhelmed with grief, at the loss of an only son; his mind yielded to the pressure, and he became at last a hopeless maniac. Under these circumstances he was confined within the walls of the county jail, and subsequently removed to the county alms-house, there to await the coming of the messenger who would call him away from the toils and pains of life. The commissioners close their report thus:

Deeply impressed with the conviction that the time has arrived when New Jersey should act promptly upon this subject; and desirous that she should not be behind her sister states in their philanthropic exertions, your committee unanimously submit, for the consideration of the legislature, the following resolutions, viz:—

Resolved, 1st. That the confinement of insane persons in jails, with criminals, is subversive of all distinction between calamity and guilt, and punishes the misfortune which it is the duty of society to relieve.

2d. That as experience has shown that recent insanity, in most cases, is readily cured, it is highly expedient that the state should provide a suitable institution for the comfort and relief of the insane poor, and to remove them from prisons and poor houses.

3d. That an asylum be erected at the expense of the state, at some proper point, to be selected by commissioners, with the approbation of the Governor, upon such plan as they shall deem best adapted for the purpose of such an institution.

4th. That the committee be instructed to report a bill providing for the objects expressed in the above resolutions."

In compliance with these resolutions, the legislature appointed a committee to select a site for an asylum. These gentlemen visited different localities in the state, and we believe, selected a spot which was deemed suitable, and so reported to the legislature. From some cause the proceedings became arrested at this juncture, and the legislature adjourned without passing any act upon the subject; still the attention of the people had become awakened, their sympathies had been aroused, and they were willing at the proper time, to carry out the recommendations of the committee. In the year 1845, the subject was again brought before the legislature, by a memorial from D. L. Dix, a New England lady, well known in our country for her active benevolence in this department of charity. To this memorial was attached a tabular statement, compiled by the commissioners of 1839. The effect of this movement was to re-kindle the energy which had previously been awakened, and a joint committee was again raised in the legislature, in which the medical profession was, as on former occasions, ably represented. This committee made a brief but well written report, in which they assert the necessity of prompt action. Their conclusions prevailed in the legislature, and a new commission was appointed at the session of 1846-47, to select a site for an asylum.

A most beautiful and eligible locality was chosen, about two miles from Trenton, on the Delaware river, overlooking the city and the river, and in every respect presenting the natural advantages which such an institution requires.

At the opening of the next session, the attention of the legislature was called to the subject by Gov. Stratton, further appropriations made in aid of the work, and a bill was passed organizing the asylum. As the building is now nearly ready for the reception of patients, we have thought it within our province to give this account of the history of the movement, and to point out the active interest taken by the medical profession of New Jersey therein.

At the last session the whole plan was completed, and a bill passed providing for the appointment of ten managers, and vest-

ing the power of filling vacancies in the Supreme Court of the State. This board was authorized to elect a medical superintendent, a treasurer, steward and matron. The salaries of the officers to be approved by the Governor. Patients are to be admitted to the asylum in due proportion from each county, by the Court or any Judge of the Common Pleas; and it is made the duty of overseers of the poor, to make application to any Judge, in the case of an insane pauper, for authority to commit such pauper to the asylum; it is also made the duty of said judge to summon at least two respectable physicians, and to investigate the case; "and if the person examined is found to be a suitable patient for the asylum, he is to be removed and retained there at the expense of the county to which he belongs." No patient is to be admitted for a shorter period than six months; and before any town or county officer sends a patient to the asylum, he is to see that said patient is "in a state of perfect bodily cleanliness," and provided with suitable changes of raiment. Neither can a patient be discharged from the asylum without suitable clothing, and without being provided with a sum of money not exceeding ten dollars, to defray his or her expenses in reaching home. The managers are to receive no compensation, their travelling expenses only being allowed them. All purchases for the asylum are to be made for cash, and the managers are bound to make all needful rules to enforce this provision. At a meeting of the managers, held in the spring of 1847, a number of candidates appeared for the office of superintendent. Several of them were members of the Medical Society of New Jersey, who had taken a deep interest in the subject from its commencement. There were two other gentlemen, one from the state of Pennsylvania, and the other from New York, both of whom had been residents for some years, in similar institutions in their respective states. The choice fell upon Dr. Buttolph, of Utica, New York, who had been for some years an assistant of the well known Dr. Brigham, at the insane asylum at Utica, and had visited some of the institutions for the insane, in England, and on the continent of Europe. We

have no doubt of the entire competency of this gentleman for the office assigned him, and though we admit in all frankness that we have felt with our professional brethren over the state, that the course pursued by the managers, in selecting for this responsible office a citizen of another state, was not awarding to the medical profession of New Jersey its due, we believe, nevertheless, it is the duty of the physicians of the State to lend their aid in the creditable support of the institution.

The asylum is a New Jersey institution, and it will have to contend with much opposition. Independently of the disposition which is too often manifested by politicians, to make political engines of public establishments under state control, there are four rival institutions, more convenient of access to a large portion of our population. From the counties south of us, patients can be taken to the Pennsylvania Hospital, and to the Retreat at Frankford, Philadelphia, at less cost, than by going to Trenton, and their friends may the more readily visit them, while at the other end of the state, the almost hourly intercourse with New York, from various points, affords great facilities of speedy access with the institutions at Flushing and Bloomingdale. The superintendents of these institutions being extensively and favourably known, and the facility of reaching them from both ends of the state, will, we believe, materially interfere with the success of our own institution, without the hearty co-operation of physicians, whose advice will be likely to be heeded by the friends of the insane, who are not paupers. We do not want to see the New Jersey Asylum a mere state poor house for incurable lunatics, but we are anxious to find in the annual reports, emanating from the authorities of the institution, an evidence that our state is adding its full quota to the list of cures, and that we are sustaining an establishment which will compare with any in the country.

BIBLIOGRAPHICAL NOTICES.

Tracts on Generation. Translated from the German, by C. R. GILMAN, M. D., and THEODORE TELLKAMPF, M. D., of New York. Samuel S. & William Wood. New York.

It is with no little gratification that we call attention to the first of the series of "Tracts," which Drs. Gilman and Tellkampff propose to present to the American reader in their own language. And if the succeeding works are as interesting and original as that now before us, the medical profession in this country will have abundant reason to thank these gentlemen for the labour which they will have bestowed upon this very useful undertaking.

The tract before us is entitled "Proofs that the Periodic Maturation and Discharge of the Ova are in the Mammalia and the Human Female, *Independent of Coition*, as a First Condition of their Propagation. By T. L. G. BISCHOFF, M. D., Professor of Physiology, &c., Giessen."

The work contains 56 pages, and consists mainly of a narrative of the author's experiments upon living animals, instituted with a view of establishing the doctrine announced in the above title.

We cannot pay a higher tribute to the ability with which this difficult investigation has been conducted by Dr. Bischoff, than is contained in the following extract from a letter of the celebrated Swiss naturalist, L. Agassiz, to Dr. Gilman—which appears in the preface to the Tract.

"Never were experiments upon this long vexed question conducted with more skill and success, to establish the facts beyond question, and never were the physiological views derived from them deduced with more accuracy and precision. It is a model in this kind of experiments, better adapted to

vindicate the interest of the medical man for comparative embryology than any reasoning."

The question so satisfactorily settled by the experiments of Bischoff, is one which has engaged the attention of physiologists for many centuries, and about which the most unintelligible theories have prevailed. That our readers may have some idea of the manner in which it is treated by our author, and of the state of opinion on the subject when he commenced his investigations, we shall extract a few sentences from that portion of the Tract which precedes the account of the experiments.

"Philosophers, theologians, physicians, and naturalists, have, in all ages, been striving to overpass this one defect in our actual knowledge, the existence of the mammalian and the human ovule; but all their speculations and theories led only to darkness. The conviction became general among them that the mammalia and man made a singular exception to the mode of generation of other animals, and to the conditions to which these were subject.

"With other beings, plants as well as animals, a few only excepted, it was evident that their genesis was dependent on the fact that a parent organism produced certain materials (ova or semen) by the direct action of which, the one upon the other, the germ capable of development was produced. Further, the formation and the meeting together of these two generative materials (both essential to the continuance of the species) was nevertheless clearly by no agency of their own, and their mutual relations were often under the influence of many accidental circumstances.

"The ova were formed, matured, and usually discharged by the female organism, at certain regular intervals, quite independent of the formation and maturation of the semen of the male, which likewise took place either periodically or continually.

"By an accessory and extraordinary combination of external circumstances, which are either absolutely external and quite accidental, or in the exercise of certain other functions which are developed at the same time, these two materials are brought into contact, and thereby germs are rendered capable of development. If these relations are not established, or if they are

disturbed, the generative materials nevertheless ripen to a certain degree, and are excreted, but no germs capable of development result. Examples from the vegetable and the portion of the animal kingdom below the mammalia, as in fish, amphibia, and birds, are too familiarly known to require a particular notice. With the mammalia and man, on the other hand, the matter was believed to take quite a different shape. With them the formation of a germ was generally considered as the result of coition. This function with them had the object not only to render the female generative material capable of development, but to produce it. These opinions had their principal basis in the insufficient knowledge (the ignorance indeed) of the pre-existence of the female generative material, of the ovule to coition.

"In 1827, after centuries of discussion, Von Baer discovered the ovarian ovule in the mammalia and in the human female, and at the same time found in its unexpected smallness the reason why it had so long remained unknown.

"I have always wondered that this discovery did not produce a greater and more general sensation, referring as it did to a matter which had interested, in so extraordinary a degree, man in all ages. It was partially recognised, partially denied, partially neglected, and only the embryologists in the most restricted meaning of the word, concerned themselves with it, and they indeed only in its relations to the development of the embryo, and not in its bearings upon the theory of generation generally. This theory had too often been built on supposed ova, and was too deeply rooted, not to supply for some time the want of actual observation, whether it was in harmony with the facts of the case or not. After the actual state of things had become known, and when the pre-existence of the ovule before and independent of all coition was proven, theorists still adhered to the opinion that coition was the only and essential condition upon which the maturation and discharge of an ovum from the ovary depended. And all other parts of the process were considered (though they clearly pointed to the contrary) only from this point of view.

"I was myself under the influence of this theory to such a degree that I was led by it blindly in my former investigations on the development of the mammalia."

Our limited space would prevent even an outline of the experiments by which Bischoff was led to the conclusions

which he has adopted. Suffice it to state that the facts developed by his investigations seem satisfactorily to establish, that the propagation of the species is "primo loco dependent on a spontaneous periodic formation and maturation of ova, and not on coition," as was formerly supposed—and that an intimate relation exists between this maturation of ova and the menstrual function. Upon the latter question the author thus refers to recent post-mortem examinations, which we believe are generally considered as conclusive.

"Quite recently direct anatomical proofs of these statements have been furnished. Strange as it first appeared, considering the endless controversies which have been carried on about the corpora lutea, it now however does not admit of a doubt, that the ovary, at the time of each menstruation, is in a state of great excitement, that a Graafian Vesicle is considerably developed, bursts, and a corpus luteum is formed in its place. The investigations of Robert Lee, Paterson, W. Jones, Negrier, Gendrin, Raciborski, and Pouchet, remove from this question every vestige of doubt."

Various other interesting topics bearing upon this obscure subject are discussed in the Tract. But we would advise our readers to possess themselves of it at an early period, in order both for their own instruction, and for the encouragement of the publishers to proceed with the series—the completion of which would furnish to the American reader a fund of information upon the German sciences of Ovology and Embryology (as they have not been inappropriately termed) which we believe very few possess, and which cannot fail to give an impulse to investigations in this interesting department of our science.

The Home Book of Health and Medicine: A Popular Treatise on the means of avoiding and curing diseases, and of preserving the health and vigor of the body to the latest period; including an account of the nature and properties of remedies; the treatment of the diseases of women and children, and the management of pregnancy and parturition. By a PHYSICIAN OF PHILADELPHIA. Philadelphia, Uriah Hunt & Son, 1846.

We have received from the publishers a copy of this book; it contains 631 pages, neatly printed in double columns, and substantially bound. The design of the author in issuing the work, as set forth in the Preface, is to make the public acquainted "with the structure and functions of the human body," and with the remedies that are applicable in disease. He believes that "by the general diffusion of information on these points, quackery of every species will be most successfully combated, the comfort and success of the regular practitioner, aided and facilitated, and the improvement of the healing art greatly promoted." It is divided into six parts, the first treating of Anatomy and Physiology; the second of Hygiene; the third of Materia Medica; the fourth of surgical diseases and accidents; the fifth, of diseases, their symptoms, causes and treatment; and the sixth, of pregnancy and parturition, with the diseases and accidents of those states. An Appendix is added—treating of the uses and doses of medicines. There are two objections in our mind to the work; one is that it is too voluminous for a popular treatise, intended as a book of reference for the general reader; and the other, that it is not authenticated by the name of its author. And while we believe it might be condensed to one-half its present dimensions, and thus be made more available in domestic practice, we are free to confess that the plan of the work, and its object, are certainly praiseworthy. The more the people become enlightened upon the subject of medicine, the less will they have to do with quackery; the more they know of the complexity of the human structure, the less will they meddle with its operations, either in health or disease,

without the advice of a physician. A concise and familiar treatise on popular medicine, placed in the hands of intelligent parents and guardians, would keep out the herd of charlatans that infest society, and ensure to scientific medicine its proper rank, and notwithstanding the slight objections which we have noticed, as we believe the work before us to be a wholesome counsellor in domestic society, we hope it may have a circulation such as it merits.

Household Surgery, or Hints on Emergencies. By JOHN F. SOUTH, one of the Surgeons to St. Thomas's Hospital. London : C. Cox, 1847.

The origin of this little book, valuable to the student, and to those and such as those for whom it was written, was a course of village lectures by its author, delivered to aid a literary institution ; they were so well received and appreciated as to warrant their publication in the form of a book, to which has been given the above title. The work contains 340 12mo. pages, and is divided into two parts, the first of which is called the "Doctor's Shop." The first article under this caption, contains an enumeration of some thirty drugs, which it is proper to keep in every family in the country, and then follows a description of different poultices, fomentations, lotions, liniments, ointments, &c., and the manner of preparing and using them. Under the head of "Household Surgery," is a description of the mode in which blood letting, blistering, tooth-drawing, vaccination, bandaging, &c., are to be severally performed, with some general hints as to the manner of dressing ordinary wounds, of preparing persons who have received fractures for the reception of the surgeon, and of the means of removing them from place

to place, &c. Some very useful lessons are also given as to the treatment in stifling, drowning, hanging, &c., with observations on ventilation and general hygiene. The author asserts that he does not wish to interfere with the doctor, and only proposes "showing how to manage when and where he is not to be obtained, and the case is urgent," and very quaintly remarks: "But if the doctor is to be had, let no one despise his privilege, but avail himself of it; recollect what the best book says, 'honour the physician,' &c." * * * "Whoever neglects this advice, and doctors himself when he can be doctored, is in much the same case as the man who conducted his own cause, and had a fool for his client." It is a valuable little book; and we are glad to find so distinguished a surgeon rendering his branch of research and pursuit so accessible to his less informed neighbours by this cheerfully written book.

Woods' Quarterly Retrospect of American and Foreign Practical Medicine and Surgery.

We have received the first two numbers of this new work. It is much on the same plan with Braithewaite's Retrospect and Ranking's Abstract, it is published by Richard and George S. Wood, of New York, at the low price of one dollar per annum. The first half of the work (32 pages) is devoted to American, and the remainder to foreign intelligence, and each division is again subdivided into departments of Practical Medicine, Surgery, Midwifery, Materia Medica, and a Bibliographical Record. It is a valuable addition to the list of American Journals, and the low price at which it is offered, requires that it should receive an extensive circulation, in order to be sustained. We hope this may be the case.

Summary of the Transactions of the College of Physicians of Philadelphia, from June to November, 1847, inclusive.

This welcome intelligencer has been received, and is as usual replete with interesting matter. The present number is principally occupied with the Annual Report on Surgery, by Dr. Isaac Parrish, which is devoted to the subject of etherization—giving a history of the origin and progress of the discovery. After noticing the fact of its free and satisfactory employment in this country, and particularly in the Massachusetts General Hospital at Boston, reference is made to its enthusiastic reception in England and on the Continent as the great American discovery; and interesting statistics are detailed from the French and German surgeons, which establish the fact of its safe and efficient employment in the hospitals of those countries. In the French Hospitals it has been used in 211 operations; out of this number 10 terminated fatally—less than the average proportion of deaths from the same operations in those institutions. Reference is also made to a most elaborate memoir upon the subject, covering 228 pages, entitled “Ether against Pain,” issued from Berlin by John Frederick Dieffenbach, a celebrated German Surgeon, who has the reputation of being the largest operator in Europe, and having used the remedy in a great variety of cases, considers it one of the most important discoveries of the age, though he is of the opinion that it is of no advantage to the surgeon, and he uses it only for the sake of the patient. In the practice of obstetrics the use of the ether is steadily on the increase, though there is not sufficient testimony to warrant its universal employment at this critical period. Dr. Walter Channing, of Boston, is quoted as the first to employ it in the practice of midwifery in this country. As a therapeutical agent the ether inhalation has been used in a variety of diseases; and a case is detailed in the report, of an eminent member of the medical profession in Philadelphia, and a Fellow of the College, who suffered from a violent attack of spasm of

the neck of the bladder, where the ether was used with a most soothing and delightful effect, producing refreshing sleep after all anodynes had failed. From seven to eight ounces of ether were used during the attack, and no particular excitement or delirium was produced; the functions were naturally performed, and recovery took place without any unusual symptoms.

After giving the favourable side of the picture, the author has very fairly collected and arranged the counter reports which he has been able to obtain from the various medical journals, both at home and abroad. Ten cases of death following the use of ether, and supposed to be more or less attributable to its influence, have been reported. Dr. Parrish has examined these individually and critically, and draws from them the following deductions.

“Firstly. That no case is reported where the patient died from the *immediate* effects of ether, and hence that asphyxia, apoplexy, or fatal bleeding had nothing to do with the result.

“Secondly. That all the deaths occurred after severe operations, considered in themselves dangerous to life, and that in those cases where death occurred without reaction, the symptoms were in no way peculiar, or different from those occasionally observed after all large operations.

“Thirdly. That in two of the cases reported as probably attributable to ether, the peculiar effects of the article were not fully induced, both patients declaring that they had suffered pain.

“Fourthly. That the post-mortem appearances, so far as reported, furnish no satisfactory evidence that ether had any agency in producing the fatal result.

“Taking an impartial view of these cases, we can see no ground for attributing to ether the fatal issue. Unless it could be shown that ether produces serious secondary effects, developing themselves some days or weeks after its administration, it does not appear philosophical to attribute results to it which have occurred long after the nervous system has recovered from its influence, especially when such effects may be fairly referred to other more obvious causes. Nor is it at all probable, reasoning from analogy, that these remote evils would arise.

A diffusible evanescent vapour, which operates in a few minutes and passes off as rapidly, could scarcely leave behind it a permanent impression upon the system. The changes which it effects in the blood are the result of chemical reactions, which must cease as the vapour is withdrawn, and as the atmospheric air has free access to the breathing surfaces, and whatever mischief is induced should be as sudden and decisive, as the action of the producing cause.

"What, then, is the position of the question so far as the present state of facts will enable us to decide?

"On the one hand, in favour of the safety and efficiency of ether as a means of destroying pain, we have the concurrent testimony of many of the most eminent surgeons and obstetricians in this country and in Europe; not men of a day, who seize upon every novelty as a truth, or take hold of every plausible scheme which promises ephemeral notoriety, but eminent physicians who have been connected for a long series of years with some of the largest hospitals of the world, and whose names are inseparably connected with the history and literature of these departments of science. In the hands of these masters of our art, ether has been given in a multitude of the most difficult and hazardous operations in surgery, its powers have been tested in various conditions of the economy, in childhood and in old age, in the feeble and vigorous, and in the sick and the healthy. It would of course be impossible to estimate the number of important operations which have been performed under the influence of ether within the past year, or since the practice has been introduced in different parts of the world; but when it is remembered, that from the first announcement of the discovery in Boston up to the present time, etherization has been adopted as a preparatory measure, before all large operations at the Massachusetts General Hospital, and that it has been similarly employed to a great extent in the private surgical practice of New England, and to a limited extent in the public and private practice of many surgeons in other parts of the Union; it must be acknowledged that the experience of this country alone would furnish a very large number of cases in which it has been used with entire safety and effect.

"But when we extend our vision to foreign countries, and call to mind that during the past nine months it has been adopted in most of the large hospitals of Great Britain; in the vast hospitals of Paris, and for the last six months, in the numerous institutions of like character in Germany, including the immense hospitals at Vienna and Berlin, we can form some idea of the extent to

which it has been carried, and of the firm hold which this great American discovery has taken of the mind of the scientific world."

Against these conclusions are arrayed various objections, based upon the theory that the inhalation of ether produces an alteration in the chemical and vital constitution of the blood—that it operates upon the vital fluid, causing a change in its character similar to that which occurs in malignant fevers—and that the liability to hemorrhage is much increased. Touching this subject we make another short extract from the report.

"In regard to the post-mortem appearances of the blood, viz. its darkness and fluidity which have been so much insisted upon as evidences of the injurious action of ether; these prove nothing, as they occur in connexion with so many other morbid conditions as not of *themselves* to justify any positive inferences as to the pathological condition of the fluid. An eminent pathological anatomist in London, recently stated to Dr. Forbes the following opinion on this subject. 'It has,' says he, 'always been in my mind that the state of the blood coincides with so great a variety of morbid changes, that I should never be able to rely on it, as characteristic of any thing especially.'

"But against these hypothetical objections, we have the much more positive evidence of facts. In none of the deaths reported as occurring after the use of ether, has hemorrhage been considered as the cause, and some operators have even remarked that the hemorrhage after large operations upon etherized persons has been unusually small. There is also a general concurrence in the reports as to the facility with which wounds heal, and no complaints which we have seen of the occurrence of undue inflammation, sloughing, or other untoward symptoms."

The author does not, however, recommend the use of ether indiscriminately, but points out the class of cases where it seems to him most appropriate, and appears to have discussed the subject in a fair and candid manner. The report thus concludes:

"In concluding this rapid sketch of the history of this impor-

tant discovery, we cannot avoid the conclusion, that the facts now before the profession attest the safety and efficiency of sulphuric ether in destroying the pain attendant on surgical operations. As it regards the more extended application of this agent to the practice of obstetrics, or to the treatment of painful diseases, or even as it relates to its general use in surgery, future experience must determine. Like other powerful remedial agents, the propriety of its employment in particular cases must be judged of by the attending practitioner, guided by the best lights at his command.

"That the discovery of the peculiar properties of ether is likely to prove highly beneficial in the practice of surgery, we cannot doubt, and if future investigations should confirm the experience of the past year, it is obvious that a most important change will be effected in the practice, not only of this department, but also of obstetrics.

"If the pain attendant upon the knife of the surgeon, and the still more concentrated agony which is the invariable concomitant of the parturient act, can be banished; while in the one case the surgeon proceeds with his duty, and in the other, nature accomplishes one of her most important offices, then has science achieved a victory over disease and suffering of the highest interest to our race. It may be that future experience will cast a shade over the fair prospect which appears now to be unfolding, and that this event may never be realized; in the meanwhile, it becomes us carefully and impartially to contemplate the progress of this discovery, and to do what our hands find to do in establishing the Truth."

We find also in the Summary the proceedings of the College in reference to the practice which prevails to a considerable extent among Apothecaries in Philadelphia, of prescribing for diseases and accidents. The report of a committee upon the subject recommends a circular to be addressed to the Apothecaries, expressing the intention of the College to exert its influence to separate the business of prescribing and compounding medicines; and inquiring of those to whom the circular may be sent, whether they are willing to co-operate in the movement, &c. &c. We are glad to see that this subject is in hand, and hope that it may be so conducted as to remove a growing evil.

Materia Medica and Therapeutics. By MARTYN PAINE, A. M., M. D., Professor of the Institutes of Medicine and Materia Medica in the University of New York; member of the Royal Verein für Heilkunde in Preussen; of the Medical Society of Leipsic; of the Montreal Natural History Society, and other learned institutions. New York: Samuel S. & William Wood, 1848.

This work has been received too late to allow of the extended notice which it appears to deserve. It contains 411 pages, and is intended as a "compendium of Rational Therapeutics," and to "indicate the relative therapeutic value of the various articles under their different denominations, by arranging them in the order of their value."—*Preface.* The conciseness of the work renders it convenient for reference, and the novelty of its arrangement, consists in its treating of remedies which have not been noticed in detail by authors on materia medica generally. The different classes of remedies, are divided into orders, and each order has its subdivision. Thus we have the first class, anti-phlogistics, divided into blood-letting, cathartics, emetics, &c. &c. And the first in the order, blood-letting, is subdivided into general blood-letting, leeching and cupping, attended with directions for performing these operations, some "general conclusions relative to loss of blood," &c.

To the student particularly, it must be a valuable work. It may be obtained at 201 Pearl street, New York.

NEW JERSEY MEDICAL REPORTER.

BURLINGTON, FIRST MONTH, (JANUARY,) 1848.

QUACKERY.

The law of New Jersey discriminates between physicians and "irregular bred pretenders to the healing art." It imposes heavy penalties upon the latter for prescribing in cases of disease; and it asserts what is the legitimate course to be pursued in order to become a legal and responsible practitioner of medicine. While we do not advocate the idea that physicians should institute legal processes against those whom the law pronounces illegal practitioners, we believe that it would be interesting to the profession to know how many there are in our State who avow themselves as the open violators of law in this respect; and the by-laws of the Medical Society make it the duty of the reporters in the several districts to embody this information in their Annual Report to the Standing Committee. We believe there are many cases of mal-practice which have resulted in death to its unfortunate victims, that are subjects of common notoriety in different neighbourhoods, the facts of which ought to be collected and submitted in the reports. We are aware of the difficulty in testifying positively to what are asserted as facts without having witnessed them, but the evidence in some instances is so plain as not to admit of contradiction. We believe a case to have occurred in a neighbouring county, of a female with a femoral hernia, who was visited by a Thomsonian on account of the pain and sickness resulting from the protruded bowel. He pronounced it a "gathering," and ordered poultices and fomentations. After

some hours had elapsed he was sent for to see his patient, whose pain had increased, and who was no doubt suffering the tortures of strangulated hernia. Presuming that the applications had "*drawn*" the part successfully, and that it was now ready to open, he plunged his lancet into the sac, and a discharge from the intestine ensued. The patient, though somewhat relieved from the severity of her pain, found herself the victim of that most loathsome infirmity, an artificial anus, and in a few days died, from the combined effect of bodily and mental suffering. A few well authenticated facts of this description, published to the world, would do more to diminish confidence in false systems of practice, than all the personal or combined opposition which we can exert against them; we believe too, that the most honourable, as well as most effectual plan of testifying against such systems, and those who practice them, is to prove the dignity of our own profession by an upright and uncompromising deportment. We hope the Reporters will not lose sight of this subject.

BIRTHS, MARRIAGES AND DEATHS.

In our last number were inserted the proceedings of the National Medical Convention on the subject of securing by law a record of Births, Marriages and Deaths; we refer to the subject now to solicit attention to the resolution of Dr. Fithian, adopted at the late semi-annual meeting of the State Medical Society. The resolution proposes that physicians in different townships shall procure from sextons, and other persons, a list of all those who may be interred in their respective burial grounds, with the names and duration of the diseases to which said deaths may be attributed. We think the idea a good one, and we see no reason why a record of births may not as conveniently be made in the same list, and the whole arranged in tabular form. Any physician who might undertake the task, could, by conference with his professional friends in the same township, keep such a table with but little inconvenience; and

we trust that Dr. Fithian's example in this respect may stimulate others to do likewise. The Committee to whom is entrusted the duty of presenting this subject to the Legislature, will be much strengthened in their efforts by the fact that physicians in different sections of the State have already voluntarily entered upon the work, and only await the favourable action of the Legislature to sustain them in its prosecution and completion. A record of marriages may also be obtained from the various civil and religious authorities under whose direction this rite is accomplished.

How many township reports of births, marriages and deaths, shall we have for publication in our next number?

CHLOROFORM.

We invite the attention of our readers to an article in the Eclectic department, on the use of Chloroform, as a substitute for sulphuric ether. Its employment in several surgical operations and obstetric cases is noticed, and the facts detailed will be read with interest. We are informed that Professor J. B. Rogers, of the University of Pennsylvania, and others, have prepared the article, and that it has been successfully used by Professor Samuel Jackson, as a therapeutic agent in several obstinate cases of disease. We have as yet, heard nothing of its use in surgical practice, though we have no doubt that its powers will be speedily tested. Whether it possesses any real advantage over the latter agent, remains to be seen. In considering the conclusions of our transatlantic friends, we must remember that the discovery was made by themselves, and that they no doubt feel a laudable pride in sustaining its character, as at least equal in merit to the American discovery. Actuated by something of this feeling, we confess ourselves unwilling to surrender at once, the claims of the ether to those of the chloroform. The triumphs of the former have secured for it a reputation which it will be difficult to supplant, except by some very positive evidence of the superiority of the latter.

BIOGRAPHY OF PHYSICIANS.

We are happy to announce to our readers, that several of our medical friends have volunteered to prepare biographies of some of the older physicians of the State, who have been, in their day, active in establishing the Medical Society, and in other means of improving the character of the profession, &c. Such reminiscences can not fail to be interesting, and we hope the name of every honourable and distinguished physician of New Jersey, who has lived before us, may have its place in our record, and that the plan may be continued, so as to secure a biography of the life and character of those who may successively leave the stage of action. Almost every medical man in the state must have access to some means of ascertaining the history of those who have preceded him; and we trust that so far as such facts may be useful or interesting to the living, that they may be compiled and sent us for insertion in a Biographical Record which will appear in the pages of the Reporter, whenever there may be materials furnished to warrant it.

The following letter and obituary notice, just received from our friend, J. B. Potter, M. D., of Bridgeton, will form number one, of the series in our biographical record.

BRIDGETON, Jan. 10th, 1848.

Mr. Editor,—It is to be acknowledged in our draughts on the past, that we should be careful lest "distance lend enchantment to the view," and we draw up from "old, to this present," things "unpicked, unchosen." But incited, I trust, by the laudable spirit abroad in some parts, and which ought to pervade the whole of our State, of selecting from the rubbish of by-gone days, "whatsoever things are of good report," I send for your inspection an obituary of Dr. Jonathan Elmer. It was taken, probably, from the Trenton Federalist, and written, it is said, by Lucius Horatius Stockton. If you can spare a nook in your Reporter for its insertion, it may present anew to us the memory

of a man eminent in his time, and an ornament to our profession. Dr. E. was a fellow of the American Philosophical Society, and distinguished as a civilian. He was one of the ten that constituted the first class of the oldest medical school in this country, the University of Pennsylvania, which graduated June 21st, 1768. In his library are about twelve bound manuscript volumes, (octavo,) some of which are entitled "Praxis Medica," interspersed with the practice of the principal physicians of Philadelphia; particularly of Drs. Redman, Bond and Morgan. Among them also is an essay on the "Motion of the Heart, delivered (by him) at the meeting of the Junior Medical Society," in the Pennsylvania Hospital, in December 1767. Bound up among some of his other books, is his Inaugural Thesis, in Latin, entitled *De Causis et Remediis Litis in Febribus*, and dedicated "Niro Perillustri *D. Benjamino Franklin*, L. L. D., R. S. S., Armigeros, Societatis Americanæ, Philosophicæ *Præsidi*, en in-clytæ, nostræ Provinciæ *Nov-Casara*, in Aula Britannica, *Procuratori*, Honoratissimo: Viroque Præcellentissimo, Guliero Franklin, Armigero, Provinciæ Supradictæ Gubernatori, Dignissimo, &c.

Bound up also in the same volume, is the Thesis of his classmate, Dr. James Tilton, of "Kent county, on the Delaware," "De Hydrope."

Dr. Elmer died Sept. 3d, 1817, and lies with his kindred in the Bridgeton church-yard, West Jersey.

The death of JONATHAN ELMER, announced last week, merits a more particular obituary notice. This distinguished man was a native of the county of Cumberland, New Jersey, and sprung from an ancient and respectable family. In his youth he enjoyed the advantages of a good education, and devoting himself to the study of medicine, he graduated as doctor in that science, in the University of Pennsylvania, at the commencement in 1768. He soon began the practice of physic in his native county, and speedily attained to a grade in that important profession, which elevated him beyond rivalry in his own local sphere, and by his profound erudition placed him on an equality with the first physicians of the age. At the beginning of our revolutionary struggle, he did not hesitate im-

mediately to array himself with those patriots who armed in defence of American liberty. He was early elected to Congress, where his useful services were duly appreciated, and afterward, in many other important stations, legislative, executive and judicial, he persevered to the end of that eventful and glorious contest which he had the happiness of seeing terminate in the established independence of his country. Nor did his political career here terminate. Such was the continued confidence placed in him, that in the year 1789, he was selected as one of the first representatives of the sovereignty of New Jersey, in the Senate of the United States under the present federal constitution, and by his great talents, in union with Adams, Paterson, Ellsworth, Ames, Boudinot, Schureman, Sinnickson, Cadwallader, and other patriots, contributed to the successful organization of our government under the administration of President Washington. Retiring from this scene, at subsequent periods, in a sphere of action more limited, he for several years presided with the greatest ability in the court of common pleas of the county of Cumberland.

His literary character was remarkable, and worthy of being held up as a model to excite the emulation of our American youth. Educated at a period when real science in this country was much less extensively diffused among the instructors in our schools, than it is at this time, such was the strength of his intellectual powers and his perseverance in study, that he attained to a degree of excellence in the three learned professions, by which he would have been distinguished in any age or country in the world. It was impossible for a learned and discerning man, conversing with him even for a short time, to be insensible of the superiority of his attainments. With every branch of theology and ecclesiastical history, it is said by those who are proficient in those branches of knowledge, he was intimately acquainted. If the writer of this feeble tribute to his memory may presume to judge of those subjects in which he has, from his youth, been conversant—in the knowledge of general literature, and the common, statute and equity systems of jurisprudence in England and New-Jersey, the deceased was profoundly learned. In medical erudition, the writer well remembers to have heard his illustrious contemporary, the late Dr. Rush, frequently say, that he was exceeded by no physician in the United States. In his political opinions, though sensible as became a philosopher of the honest diversities of the human mind, and therefore perfectly tolerant of those from whom he differed in

sentiment, he was ever an undeviating disciple of the Washington School, and unyielding to the prejudices, errors and follies of the day, he did not shrink from adhering to the integrity of his principles, though with the certain knowledge, that this course would consign him to the obscure vale of private life. There he chose to remain, with his friends and co-patriots, and by the dignity of his deportment and the cheerful tranquillity of his life, reminded us of the sentiment of the elegant poet—

"That more true joy Marcellus exil'd feels
Than Cæsar with a Senate at his heels."

With all the splendor of his character he was not ashamed of the Gospel of Christ, which, believing to be the power of God to the salvation of sinners, and affording to him the only solid ground of hope in the felicity of the life to come, he was for several years united in christian communion with the society constituting the Presbyterian church in Bridgetown. Such was JONATHAN ELMER! He has descended to the grave leaving a large and respectable circle of friends, relatives and fellow citizens, to lament his death. Few of his fellow labourers of equal distinction, survive, and in the course of nature, are daily disappearing from the stage of action.*

A.

OBITUARY NOTICES.

The celebrated Prussian Surgeon, John Frederick Deiffenbach, died of apoplexy, immediately after his lecture on the 11th of November, 1847, in the amphitheatre of the Hospital of Berlin.

On the 4th of October, John Morgan, for twenty years lecturer in Guy's Hospital, London.

Recently—of aneurism of the aorta, Robert Liston, a distinguished Surgeon of England, and author of Liston's Practical Surgery.

* He was President of the New Jersey Medical Society in 1787.—Ed.

ECLECTIC DEPARTMENT.

The Committee appointed under the sixth resolution adopted by the Convention which assembled in New York, in May last, to prepare a Code of Medical Ethics for the government of the medical profession of the United States, respectfully submit the following Code.

JOHN BELL,
G. EMERSON,
T. C. DUNN,

ISAAC HAYS,
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CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE
OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART.—*Duties of Physicians to their Patients.*

§ 1. A Physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with

discretion, and with the most scrupulous regard to fidelity and honour. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality,

that moral duty, which is independent of and far superior to all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of Patients to their Physicians.*

§ 1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician, whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance than he should apply for assistance in the forming stage of violent diseases; it is to neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business, nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physicians should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him,—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any inten-

tion of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honour, and to exalt its standing, and to extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labours, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which

greater purity of character, and a higher standard of moral excellence are required, than the medical ; and to attain such eminences is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding ; and on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures ; or to publish cases and operations in the daily prints, or suffer such publications to be made ;—to invite laymen to be present at operations,—to boast of cures and remedies,—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine ; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality ; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case ; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to ob-

seure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependant upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to Consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependant on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability

recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalry or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variation in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional

engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants,—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent, the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should

sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honourable and scrupulous regard for the character and standing of the practitioner in attendance: the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favour of families and individuals.

ART. V.—*Duties of Physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal

insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candour, and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighbouring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent: because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between Physicians.*

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of Pecuniary Acknowledgments.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honour to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of

medical policy, public hygiene, and legal medicines. It is their province to enlighten the public in regard to quarantine regulations,—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions,—in relation to the medical policy of towns, as drainage, ventilation, &c.,—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially when they are required to make a post-mortem examination, it is just, in consequence of the time, labour and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section one of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform military duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to

use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications;—to make a proper discrimination between true science and the assumptions of ignorance and empiricism,—to afford every encouragement and facility for the acquisition of medical education,—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

CHLOROFORM.

[Translated from the French for the New Jersey Medical Reporter.

"When the Medical Union of the first of January last was the first to call the attention of the Medical Profession of France to the remarkable effects of the Ethereal inhalation, who could foresee that before the end of the year, the ether, scarcely in possession of the happy privilege of taking away from Surgical operations, their awful tortures, should see itself dethroned by a substance yet more beneficial. * * * *

Professor Simpson, of Edinburgh, whose interesting operations we have already often mentioned, after numerous experiments pursued with as much zeal as success, has just demonstrated a fact of great importance, already announced in France by M. Flourens. It is the anæsthetic property of the perchloride of formyle or Chloroform. To give to France and to French Physicians all the honour of priority in this discovery, we will cite the following passage of an account given by the Academy of Sciences, at the sitting of March 8th, 1847, Vol. 24. p. 342." M. Flourens expresses himself thus, "We remember that chlorohydric ether has given the same result as

sulphuric ether, and the use of chlorohydric ether has led me to try the new substance under the name of chloroform. At the end of some minutes the animals submitted to the inhalation of chloroform were entirely etherized. We exposed the spinal marrow, the posterior nerves were insensible, and on five anterior nerves being successively tried, two alone were capable of motion, the three others had lost it." Thus it is incontestible that M. Flourens was the first to employ the chloroform; but to M. Simpson, as we shall see, belongs the honour of having tried it on man, in a manner, entirely satisfactory. From the beginning of the employment of the ethereal vapour, the strong persistent and disagreeable odour of sulphuric ether, the irritation which it often produces on the bronchial tubes during the first inhalation; the considerable quantity of the liquid which is necessary to produce the effect especially in the prolonged cases of accouchement, &c., inspired M. Simpson with a desire to find a volatile liquid which might offer the same advantages as the ether without its inconveniences. In this research he has successively reviewed several chemical products which he selected on account of their agreeable odour, and of which we give here the enumeration for those of our readers who should like to enter upon the same researches. The chlorohydrate of chloric acetylene, or liquor of the Dutch, the nitrous ether, the *benzine la vapeur d'iodiforme*, and at last the Chloroform, which ought to compensate him for all his trouble. It was after the counsel of M. Waldie that he undertook to study the properties of this last agent. The chloroform is a limpid, colourless liquid, very volatile, endowed with an agreeable odour, and sweet, pleasant taste. It had been discovered and described by M. Soubeiran, and M. Leibig in 1842. M. Dumas had determined its composition in 1835. Some physicians have prescribed it internally. Dr. Guillot has advised it in small doses, suspended in 100 parts of a vehicle as an antispasmodic in Asthma. Before publishing his discovery, M. Simpson carefully observed the effects of the *anesthésique* agent, in numerous and varied cases. By the happiest chance, Professor Dumas found himself at Edinburgh at the epoch when the first surgical operations were performed, in which they had recourse to the inhalation of chloroform.

These facts thus acquire a greater degree of authenticity and, as M. Simpson says, Professor Dumas could not witness with-

outdively interest the effects of a substance, with the history of which his name is so intimately connected. These operations were performed at the Royal Infirmary of Edinburgh.

A child of 4 or 5 years old, affected with necrosis in one of the bones of the fore-arm, who could only speak the *Gaelic* dialect, and to whom of course we could not explain what was to be done, was the first submitted to the inhalation of Chloroform. We approached him with a handkerchief on which a little of the chloroform had been spilt: this movement, which he did not understand, alarmed him, and he made efforts to escape, but Dr. Simpson restrained him gently, and caused him to breathe the vapour which emanated from the handkerchief. After a few inhalations, the child ceased crying, fell into a profound sleep and began to snore—Professor Miller immediately made a deep incision, penetrating to the injured bone, and with forceps withdrew the radius, in a state of almost total decay. During this operation, and the explorations of the wound with the finger, the child did not give the least evidence of pain.

He remained in a sound sleep, and was carried back to bed in that state. At the end of half an hour, like a child who awakens from a natural sleep, his eye was sparkling and clear, and his countenance mild and peaceful—a result which we do not commonly obtain after etherization. After this child, it was the turn of a soldier, who had an ulcer on the cheek, in consequence of exfoliation of the maxillary bone. The chloroform was presented to him on a sponge of conical shape. At first he seemed disposed to move his hands, but he soon fell asleep and snored. Prof. Miller then made a long incision which crossed the inferior jaw, and the hardened skin which adhered to this bone was separated by a long dissection, the edges of the ulcer were cleansed, and the union of the wound was maintained by several points of suture. This fact offers, above all, some interest, as it treats of an operation practised in the region of the mouth, and it has been said that ethereal inhalation was not applicable in cases of this kind. It certainly would have been impossible to operate if a complicated apparatus had been placed at the mouth of the patient. The third patient was a young man who was affected with necrosis of the first phalanx of the large toe, and ulceration of the integuments. He commenced inhalation by means of a sponge, as in the preceding case. The patient became insensible almost immediately—in the space of half a minute—and remained perfectly quiet while they took off the

morbid mass by means of amputation of the large toe, on a level with the middle part of the second phalanx. The last operation was done by Dr. Duncan. The quantity of chloroform employed in the three cases just narrated, did not exceed in the whole 15 grammes, and Prof. Miller remarked to the pupils that in order to produce the same effect, it would have been necessary to have used several ounces of ether. M. Simpson, who for more than six months had employed the ethereal inhalation with but few exceptions in the cases of accouchement which occurred in his practice, and this with the most satisfactory results, could not fail to employ this new anæsthetic agent. The first woman to whom he applied it, had already had her first accouchement, which, after three days of suffering, could only be terminated by perforating the head of the fœtus. In her second labour, three hours and a half after the commencement of her pains, and before the first stage of labour was accomplished, M. Simpson placed her under the influence of chloroform. To do this, he rolled a pocket handkerchief in the form of a funnel, wet the extremity with half a coffee-spoonful of liquid, and applied it to the mouth and teeth of the woman. In consequence of the evaporation, it was necessary to moisten the handkerchief a second time in the space of ten to twelve minutes. The child was born twenty-five minutes after the commencement of inhalation, the mother remained longer asleep than when the ether was administered to her; the cries of the child did not awaken her at all, as we commonly observe when this last agent has been employed; she awoke some moments after the expulsion of the placenta, and after the child had been taken to another room; then she looked about her, saying that she had enjoyed a good sleep, which she much needed, and that would now render her able to bear her pains. After a few minutes, finding no pains at all, she expressed a fear that the sleep might have suspended her labour, and they took much pains to convince her that she was already delivered, and that the child they presented to her was her own. All the facts which we have thus briefly related, are indispensable in order that our readers may acquire an exact idea of the effects produced, by the inhalation of chloroform, and that they may appreciate the differences which exist between these effects, and those of the sulphuric ether. In fine, M. Simpson has before him more than 50 cases of chloroform inhalation, which have enabled him to lay down the following conclusions, which we extract from a work he has been pleased to address us.

1. Much less chloroform is required than ether to produce insensibility. From 100 to 120 drops, and sometimes much less, suffices.

2. Its action is more rapid and complete, while it is generally more durable; very often from 10 to 20 full inspirations will produce the effect; the time of the surgeon is thus spared; moreover, the period of excitement which belongs to all the narcotic agents is shortened or even annihilated, the patient does not manifest the same tendency to hilarity and talkativeness.

3. The inhalation of chloroform is much more agreeable than that of the ether.

4. By virtue of the small quantity of chloroform which is necessary, its employment will be less expensive than that of the ether, much more so as there is room to hope that the process of obtaining it will be simplified.

5. Its odour is far from being disagreeable. Its perfume does not adhere to the clothing, and is not exhaled from the breath of the person in taking it, as is generally the case with ether.

6. As much less is wanted, it is much easier to be carried about than the ether.

7. It does not require the employment of any apparatus or instrument; it generally suffices to produce the desired effect in one or two minutes, to spill a little of this liquid in the hollow of a sponge, of a conical form, or on a pocket handkerchief, or a piece of paper, which is held on the mouth and nostrils; in this manner the inhalation is soon made.

The learned gentlemen, says M. Simpson, to whom we are indebted for the knowledge of chloroform, had no expectation that it would at some future time be applied to such an important use.

Is this not a good reply, among many others, to all those who appreciate discoveries only from their immediate practical results, and who condemn all researches inspired exclusively by a love of science. Here is a substance which at first appeared to have interest only as an object of scientific curiosity, but which subsequently acquires an immense importance.

The process employed by M. Soubeiran, in the preparation of chloroform, consists in treating the hypo-chloride of lime by 1.24 of its volume of alcohol; at the end of 24 hours he distils, by mild heat, taking care not to fill the horn but two-thirds, in order that the mass may not overflow. He adds water to separate from the alcohol, the perchloride of formyle which is

rectified over a sand bath. In order to obtain it perfectly pure, he allows it to digest on chloride of calcium, and distills again with concentrated sulphuric acid. * * * They have commenced this week to make use of chloroforme in the hospitals of Paris. Some patients put to sleep by the inhalation of this substance, have been operated upon without feeling any pain, and on waking, they have felt as well as usual. The results have generally answered the expectations which the facts submitted by M. Simpson have revealed.—*French paper.*

Case of William Freeman, the Murderer of the Van Nest Family. By BLANCHARD FOSGATE, M. D., of Auburn, N. Y. —William Freeman—the murderer of the Van Nest Family—was a native of Auburn, Cayuga Co., N. Y., twenty-three years old. In stature he measured about five feet seven inches, and when in health weighed in the vicinity of one hundred and fifteen pounds. He had a broad chest, and was of muscular make. With the exception of a slight admixture of aboriginal blood, he was of African descent.

At the age of sixteen he was sentenced to five years' imprisonment in the State prison at Auburn, for grand larceny. It was long since conceded that of this charge he was innocent. His sentence expired in September, 1845. He left his prison conscious of the injustice he had suffered, and had imbibed an idea that he was entitled to pay for his time. This sentiment could not be eradicated from his mind, and on several occasions he applied for warrants against those he supposed liable. Remuneration with him was the *one idea*. Failing in this mode of obtaining redress, he armed himself with a common butcher's knife, and a cane with a blade attached to the lower end, and from his lodging made his way to the Owasco Lake, at about sunset on the 12th of March, 1846. After examining two or three premises, he finally selected the residence of Mr. Van Nest as the proper place to begin "his work," as he termed it, and there massacred Mr. Van Nest, his wife and one child, aged two years, and Mrs. Wycoff, aged 70. He stabbed Mr. Vanarsdale in the chest, who subsequently recovered. In the affray he entered every room in the house, both above and below, but took nothing away. He went to the stable, unfastened and mounted a horse, and was some rods from the scene of devastation in the incredibly short space of five minutes from the time of entering the house, as was proved in

evidence. Three days afterwards he was committed to Cayuga county jail to await his trial.

He was tried at a special session of Oyer and Terminer, July, 1846—first, as to whether he was sane at the time of trial, and secondly, on the indictment. A verdict of *sufficient* soundness of mind to be put on trial was rendered on the preliminary issue, and of wilful murder on the indictment. Subsequently, however, a new trial was granted by the Supreme Court. A trial calling forth so much talent in its prosecution, and arousing such fearful excitement among the people, is of rare occurrence.

On the part of the people, the cause was conducted by Hon. John Van Buren, Attorney-General of the State of New York, and for the defence by Hon. William H. Seward, ex-governor of this State.

My knowledge of the prisoner commenced on the 16th of March, 1845, being the day after his commitment, and it continued until the completion of a post-mortem examination of his body on the twenty-first of August, 1847.

During the scene at Van Nest's, he received a severe wound in the articulation of the right thumb with the carpus—the artery barely escaping division. This circumstance saved the lives of other members of the family, because, to use his own expression, "he could'nt handle his hand any longer."

My services were required on account of this injury. In addition to the wound, I also found him entirely deaf in the left, and partially so in the right ear.

It was a singular circumstance that he never made an inquiry as to either the extent or condition of the injury, or the time necessary to complete a cure, or the prospect of recovering the use of his hand—though it was the right, and as a labourer was his main dependence. Neither did he complain of any sensibility in the wound, although the physical evidences of pain accompanying the inflammatory stage were such as to leave no doubt of its existence. In fact from the time of his commitment until the day of his death, although he often saw, and was attended by me through his last sickness, he asked only two questions, one about his medicine, the other regarding his diet, and these were made during his last illness.

During the principal part of his incarceration, he passed his time standing; his body erect—his head a little drooping, and with arms folded. He sustained this posture with statue-like stillness—indicating great muscular strength. He exhibited a

calm, quiet expression of countenance, occasionally broken by a smile, which had the appearance of just bursting into laughter, but would quickly subside leaving the same unalterable expression, as undisturbed as though a gleam of mirthfulness had never occupied his fancies. To the careless observer, it appeared as though he endeavoured to suppress an irresistible propensity to laugh. This smile was never accompanied by any vocal sound, but often glowed upon his feature, regardless of time, place or circumstance, indicative of intense mental emotion. For this emotion he could never assign a cause. I say he never could, because, when asked, he always said he 'didn't know.' My conclusion is also based upon the remarkable fact, that on the trial *seventy-two* witnesses on both sides coincided in the opinion, that the prisoner did not intend to deceive in any reply made to the numerous interrogatories put to him.

His deafness increased until the sense of hearing was nearly, if not quite, obliterated. I doubt whether he heard any conversation for the last two weeks of his life; at all events, I could not get a reply that harmonized with my question.

On the 12th of April, 1847, I was called to see the patient as being "not very well." He had a quick thready pulse—considerable cough, with free expectoration—not much appetite, but rather thirsty. He made no allusion to these symptoms, but directed my attention to his left ear, which discharged pus profusely. From this time forth, the aural discharge continued, accompanied by all the symptoms of tubercular phthisis, until his existence terminated, six days after the chain that bound him to the masonry of his cell had been removed.

About three weeks previous to his decease, I observed a prominent protrusion of the left eye, and upon further examination, there proved to be an entire obliteration of vision. He could not close the lids over it, for they, with all the muscles of that side of the face, were paralyzed, and the mouth considerably drawn to the right. The cornea of both organs had much the same appearance. The loss of vision, I am inclined to think, was the result of functional, not organic lesion. The protrusion depended most probably upon the loss of muscular power in its motor apparatus, in common with the muscles of that side of the face. The globe, in *articulo mortis*, recovered in a great measure its natural location, as did the paralyzed muscles of the face—a common occurrence of facial distortion from nervous lesion at death.

Owing to insufficiency of light in the cell, but more particularly to the shattered condition of the patient—being deaf,

almost blind, and nearly speechless—no satisfactory account of symptoms or the effect of remedies could be obtained from him.

As this case presents points of interest in many particulars, I would remark that phrenologically, Mr. Fowler says, "he is very defective in the mental temperament, and has great predominance in the muscular. His propensities (with the exception of self-esteem and firmness, very large—and combativeness and destructiveness, large) are all small, and have but little influence. The intellectual faculties are not so small, yet, the quality of brain considered, their influence is quite limited. He has one of the most imperfect developments of brain I ever saw. He has no real balance to his mind; it is entirely onesided, he being at the mercy of circumstances, and the stronger propensities." (See *Phrenological Almanac* in press for 1848.) Another phrenologist, though of less notoriety, has allowed him a much better development; but whatever the external evidences of mind the contour of his head may denote, they all have reference to a healthy brain.

I have measured his cranium in two ways: First, by passing a string across the frontal and around the spinous process of the occipital bones. It measured, in the greatest circumference, twenty-one inches. Secondly, after the directions laid down in Combe's phrenology by Callipers.

Viz. from occipital spine to individuality	7 3-8 inches.
" occipital spine to ear	4 4-8 "
" ear to individuality	6-8 "
" ear to firmness	5 3-16 "
" destructiveness to destructiveness	5 3-8 "
" cautiousness to cautiousness	4 7-16 "
" ideality to ideality	5 3-8 "

On proceeding to a post-mortem examination, the body was found extremely emaciated. The costal and pulmonary pleura, though easily separated, were extensively adhered, and the lungs were an almost entire mass of disease. Tuberculous matter was interspersed with abscesses throughout the whole organ. The pericardium contained about one and a half gills of serum. The heart contained polypi, but had a healthy appearance. Liver natural. Gall bladder a little distended. Mucous membrane of the stomach slightly inflamed. Intestinal mucous coat healthy. Mesenteric glands tuberculous. Urinary bladder distended. Kidneys natural. The peritoneum appeared healthy, but the sac contained some fluid.

Upon opening the cranium, the bones were found rather thinner than ordinary, particularly for a coloured subject, and the

dura mater was adherent to a portion of the occiput. The anterior portion of this membrane was congested and inflamed, with considerable serum between it and the arachnoid. This latter tunic was somewhat thickened and congested. The anfractuositities of the right hemisphere of the cerebrum were filled with serum. The superficial vessels of the right anterior lobe highly congested on the superior surface. Cerebellum to all appearance healthy.

The whole brain, separate from the dura mater, weighed 43 3-4th ounces avoirdupois. Cerebrum 38 ounces. Cerebellum 5 3-4th ounces.

On section of the medullary substance, it was found thickly studded with bright red points. The right thalami appeared to have undergone some change, and the whole superior brain was more or less congested. The membrane covering the petrous portion of the left cavity was congested, and the remaining parts of it appeared healthy.

There was caries of the inner part of the petrous portion of the left temporal bone. The membrana tympani, with the internal structure of the ear, most obliterated. There was a necrosis containing fetid pus, having no perceptible connection with the external ear.

Remarks.—The important question connected with this subject is, whether the pathological state of the brain, its membranes and the ear, was one of long standing or of recent occurrence? On this point rests the physical evidence of the prisoner's accountability.—If by possibility it could be determined that the organ of mental manifestation was without disease when the crime was perpetrated, then depravity unparalleled must be assigned as the only cause; and if so, the disease of the organ at his decease could not be held in extenuation of his crimes.

That the diseased condition of the brain was of long standing, appears to be unquestionable from the fact, that the mental organ could not sustain so great a lesion as the autopsy presented, without the mind having exhibited sudden and violent derangement, as well as other symptoms which accompany its acute diseases.—This, however, was not the case. He never complained of, or exhibited the ordinary symptoms in such instances, nor even gave evidence of any mental change whatever; but on the contrary, presented the same characteristics throughout. During his last sickness, there was not a single symptom indicating acute inflammation of the brain, and yet on examination after death, there were abundant and unequivocal evidences of inflammatory action there.

The disease of the ear also was chronic, and dated its commencement some months previous to the commission of the crime. On his trial it was proved in evidence that about two years previous, when an inmate of the state prison—he was struck on the head with a board, the blow splitting the weapon into fragments. He attributed his deafness to this cause, or, to give his own description, “it knocked his words down his throat—his ears dropped down—his kernels (meaning the tonsils) dropped.” Now the infliction of this blow upon a thin skull, associated with his own account of its effects, would lead us to conclude that the concussion seriously injured the auditory apparatus. It possibly burst the tympanum, and if so, it opened a communication between the external ear and the fauces, which induced the remark that “it knocked his words down his throat,” &c. Is it not a just conclusion, that from this injury the diseased action was set up which ultimately involved the whole brain?

Whether the facial paralysis was the result of cerebral congestion, or whether it was owing to a diseased state of the nerves of motion in connection with the condition of the ossa petrosa, may be questionable, because the nerves, as they passed the brain, were apparently healthy; but the right hemisphere of the brain being the most deeply implicated in the organic derangement, the paralysis would appear, as it did in this case, in the muscles of the opposite side.

It should not be forgotten, that the deceased had passed through scenes of blood seldom equalled, where but a single individual was the aggressor; that he had been surrounded by the wild fury of an enraged populace for hours; that he had been chained, and for a portion of the time bedded upon the stone floor of a dimly-lighted cell, for almost eighteen months; suffering the jeers and grimaces of inhuman and uncounted spectators; wasting by a slow process of consumption; sustaining the blight of one physical energy after another; with little compassion and less than ordinary attention; and through the whole period, having scarcely asked a question regarding either friend or foe, soliciting no favor, showing no hatred, exhibiting no remorse, entering no complaint, and through all, sustaining an *undisturbed tranquillity*.

From this concatenation of circumstances, this unruffled, equable, almost idiotic state of mind, that no external relation could disturb, or internal influence alter, we can scarcely come to any other conclusion by pathological reasoning, than that the state of mind which he exhibited, subsequent to his arrest, de-

pended on a chronic derangement of the mental organs, and must have existed antecedent to the crime itself. If such a combination of pathological facts, and all the other circumstances attending the prisoner from his arrest to his death, do not establish an unsound state of mind, they at least present one of the most extraordinary cases furnished by the annals of our race. Such a case demands the careful consideration of the philosopher and jurist.

How much the cause of justice and philosophy is indebted to the unwearied perseverance of the eminent advocate who withstood the tide of popular indignation in conducting the prisoner's defence, is left for other hands to register; but true it is, that over prejudice and ignorance, science has gloriously triumphed.—*Am. Jour. Med. Science.*

Remarkable case of Suicide, and Extraction of a Needle from the substance of the Heart. By J. G. GRAVES.—On Sunday, the 16th of August last, one of the most desperate acts of self-destruction was committed by a young man, aged 23 years, in Nashua, N. H. The young man had been slightly indisposed for a day or two previous to the act, and confined to his room. He requested his father, who was sitting near him, to leave the room, as he wished to get some sleep. He left the room for a short time, and on returning, found his son deluged in blood, with his throat cut most shockingly. I was soon in attendance—found the patient nearly lifeless, with three extensive cuts across the neck. The cuts were through the hyoid, and between the thyroid and cricoid cartilages, severing entirely the larynx. On the left side, over and along the course of the fifth rib, there was an extensive cut down to the rib. During the hæmorrhage, the trachea had become nearly filled with blood, rendering his breathing extremely difficult. I turned him over upon the side, when he quackled, and with a convulsive effort threw out a large quantity of blood from the trachea. I secured the bleeding vessels, dressed the wound, and left the house, with orders to give the patient brandy and water. After the lapse of two hours, or more, the messenger came again, saying that the patient had roused and wished to see me immediately. On my entering the patient's room, he said, "Doctor, I have got a darning-needle in my heart." I inquired how the needle came in his heart. His reply was, that he put the needle into his side previous to using the razor—that he feared the

needle was not going to make sure work, &c. He placed his finger upon the spot where he said he put the needle, which was just between the fifth and sixth ribs. At this point there was a puncture in the skin, like the puncture of a pin or needle. He at this time had the appearance of great suffering—his pulse rapid and strong—his breathing extremely difficult—every breath attended with a screech. From his own statements, and the attending symptoms in the case, I was of the opinion that there was something in his side or heart, and that I should be justified in making an effort to extract it. I accordingly made an incision between the fifth and sixth ribs, down to the intercostal muscles and made my dissection laterally, but could not find any trace of the needle. My next step was to cut down to the pleura, which I did by dissecting up the intercostal muscles. I now placed my finger on the pleura and pressed gently down, when I thought I felt a sharp point come in contact with my finger with every pulse of the heart. I now made my third incision through the pleura. It was now that I had a sight of the needle. By dilating the wound with the aid of retractors, I could distinctly see the heart act with the needle in it. With the aid of a pair of forceps, I extracted the needle, and it was followed with a forcible stream of blood. The patient soon became more quiet, breathing less difficult; pulse less frequent; slept some during the night. Second day, has no pain; breathing easy; pulse 90; sleeps well; takes nourishment with much difficulty, on account of the division of the œsophagus. He continued to improve daily, up to the sixth day, when he was attacked with pleuritic pains, inability to swallow, and died on the eighth day after the needle was taken from the heart.

Post-mortem Appearance.—Pleura slightly inflamed around the wound. On the inner surface of the pericardium there was a puncture, resembling a leech-bite, where the needle entered. The pericardium contained no blood, and the heart appeared natural. On opening into the left ventricle, we found where the needle entered this cavity. There was a small membranous sac, about as large as a pea, formed in the left ventricle, which contained pus. Nature, it seems, had set up a process by which to protect herself, by throwing around the needle this adventurous membrane.—*N. Y. Annalist.*

New method of procuring Insensibility under Operations.—Our inventive neighbours, the French, have contrived a new plan of procuring insensibility. M. Ducros is the surgeon who

practises the method alluded to, and has communicated the results of his experiments in several letters to the Academy of Sciences. The agent employed is the electro-magnetic current. Individuals who have been subjected to the current have been quite insensible to pricking or pinching at all parts of the body; and teeth have been extracted without their knowledge.

Dublin Med. Press.

Professorship of Insanity.—We are gratified to learn that a Professorship of Insanity has been established at one Medical School. The Willoughby University, Columbus, Ohio, has appointed Samuel M. Smith, M. D., Professor of Medical Jurisprudence and Insanity. We think there should be a distinct course of Lectures on Mental Maladies, at every Medical School. Dr. Smith has some practical knowledge of Insanity, having been an Assistant Physician at the Ohio Lunatic Asylum for several years.—*Amer. Jour. of Insanity.*

On the use of Ether and Perchloride of Formyle, or Chloroform, in Surgical Operations.—We are indebted to Dr. S. G. Morton, for the following extract of a letter from Dr. James Suddards, of Philadelphia, dated Paris, December 1, 1847.—*Medical Examiner.*

“In looking over the American papers a day or two since, I was somewhat surprised to read an article in the North American of our city, on the use of ether in surgical operations. The paper was from a gentleman in Boston, and recounted two cases of amputation, in which etherization had been employed with success; the wording, and indeed the whole tenor of his remarks, were such as to intimate rather an apology for a new discovery creeping into notice, than a description of what should now be considered an established therapeutical agent. It certainly is a matter of astonishment that in the very spot where its application for these purposes was first suggested, the surgeons and others, than whom there cannot be a more intelligent body in the world, should stand by, and doubtfully shake their heads, while the whole medical world of Europe should rise en masse, and loudly welcome the inventor as a benefactor of humanity. Is it not a shame to our country, and the profession, that we should calmly fold our hands before us, and allow our brethren in other parts of the world to reap the first fruits of a discovery which justly and rightly belongs to ourselves? To

show the estimation in which it is held here, I need only mention that I have not seen a single operation during the whole five months of my residence, in which etherization was not employed, and always with complete success; not an accident has happened, nor anything occurred to mar its happy effects. Indeed, so great is its reputation, that experiments have been made at the clinique of the faculty to see with what benefit it might be employed in labour; these operations I myself saw, and though they would scarcely justify an indiscriminate application, yet, as Dr. Smith of St. Bartholomew's, London, observes, they were so far beneficial as to lead us to hope great advantages, and stimulate to still further trial, if we might perchance lessen the pains of delivery, and do something for those who by nature and affection deserve so much at our hands. It would, indeed, be considered cruel to subject a patient to the pain of any operation, however trivial in itself, when its avoidance could be purchased at so cheap a rate. I trust that surgeons in America have at last awakened to the benefits of an agent which has so long been waiting at their very doors, and are beginning, though late, to avail themselves of its happy effects."